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| Case Number: | CM15-0017398 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 10/29/2013 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male, who sustained an industrial injury on October 29, 2013, when a piece of wood hit the left knee. He has reported left knee pain. The diagnoses have included left knee pain and left knee sprain/strain. Treatment to date has included physical therapy, intraarticular injections, and medications. Currently, the injured worker complains of constant severe stiffness, weakness, dull, and throbbing left knee pain. The Secondary Treating physician's report dated December 4, 2014, noted the left knee with mild, diffuse swelling, decreased, painful range of motion (ROM), and tenderness to palpation of the anterior knee, lateral knee, medial knee, and posterior knee, with a positive McMurray's. On January 5, 2015, Utilization Review non-certified physical therapy 2x4 for the left knee and an Orthosurgical consultation, noting that the injured worker had reported that physical therapy increased his symptoms and that the injured worker was being followed by an orthopedic surgeon who was waiting for IMR response for authorization of Orthovisc injections, and continued follow-ups with the orthopedist, only to have the same findings and same request submitted, was not supported. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS American College of Occupational and Environmental Medicine Guidelines were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of physical therapy 2x4 for the left knee and an Orthosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2 x 4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 12/04/2014 report, this patient presents with "constant severe stiffness, weakness, dull, and throbbing pain" of the left knee. The current request is for Physical therapy 2x4 for the left knee but the treating physician's report containing the request is not included in the file. The request for authorization is on 08/18/2014 and the Utilization Review letter in question is from 01/05/2015. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the 05/09/2014 to 12/04/2014 reports shows no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.

Orthosurgical consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: According to the 12/04/2014 report, this patient presents with "constant severe stiffness, weakness, dull, and throbbing pain" of the left knee. The current request is for Orthosurgical consultation but the treating physician's report and the request for authorization containing the request is not included in the file. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician does not provide medical rationale as to why an Orthosurgical consultation is needed. There is no discussion regarding any imaging studies of the left knee and how the patient is struggling with

chronic pain to benefit from the Orthosurgical consultation. Therefore, the request IS NOT medically necessary.