

Case Number:	CM15-0110697		
Date Assigned:	06/17/2015	Date of Injury:	11/23/2013
Decision Date:	08/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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 78 year old female, who sustained an industrial injury on 11/23/2013. The current diagnoses are right knee sprain/strain, right knee chondromalacia patella, and right knee degenerative joint disease. According to the progress report dated 4/10/2015, the injured worker complains of intermittent, moderate sharp right knee pain. The pain is rated 5/10 on a subjective pain scale. The physical examination of the right knee reveals tenderness to palpation over the medial/lateral joint line, subpatella, and peroneal muscle on the right. There is minimal effusion noted over the medial suprapatella region. The current medications are Cyclobenzaprine, Prilosec, and topical creams. Treatment to date has included medication management, MRI studies, physical therapy, home exercise program, hot/cold pack, acupuncture, extracorporeal shockwave, and cortisone injection. The plan of care includes orthopedic surgeon evaluation, occupational medical evaluation, 12 physical therapy sessions for the right knee, and functional improvement measures using NIOSCH testing every 30 days while undergoing treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The patient was injured on 11/23/13 and presents with right knee pain. The request is for an ORTHOPEDIC SURGEON EVALUATION. The RFA is dated 05/18/15 and the patient is on temporary total disability till 05/15/15. The utilization review denial letter states that "the patient has seen an orthopedic surgeon with initial consultation on 02/11/15." ACOEM Practice Guidelines, Second Edition, 2004, page 127, has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The report with the request is not provided. The patient has a limited right knee range of motion and tenderness to palpation over the medial/lateral joint line, subpatella, peroneal muscle on the right. She is diagnosed with right knee sprain/strain, right knee chondromalacia patella, and right knee degenerative joint disease. It appears that the patient may need surgical intervention and given her chronic right knee pain, a second opinion appears medically reasonable. However, she has already had an evaluation with an orthopedic surgeon. Therefore, the requested repeat orthopedic surgeon evaluation is not medically necessary.

Occupational medical evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The patient was injured on 11/23/13 and presents with right knee pain. The request is for an OCCUPATIONAL MEDICAL EVALUATION. The utilization review letter rationale is that "there are no notes for review from this provider nor is there indication for the need of a specialist at this time." The RFA is dated 05/18/15 and the patient is on temporary total disability till 05/15/15. ACOEM Practice Guidelines, Second Edition, 2004, page 127, has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The report with the request is not provided. The patient has a limited right knee range of motion and tenderness to palpation over the medial/lateral joint line, subpatella, peroneal muscle on the right. She is diagnosed with right knee sprain/strain, right knee chondromalacia patella, and right knee degenerative joint disease. There is no explanation as to why this request is being made. Occupational medicine specialists typically get involved in an injured worker's management during the early period following the injury. This injury is more than a year old and the patient has already has seen an orthopedist. It is not known what an occupational medicine physician will be able to add to the patient's care at this point and there are no reports discussing the request. The request is not medically necessary.

Physical therapy two times six for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 11/23/13 and presents with right knee pain. The request is for PHYSICAL THERAPY TWO TIMES SIX FOR THE RIGHT KNEE. The RFA is dated 05/18/15 and the patient is on temporary total disability till 05/15/15. Review of the reports provided does not indicate if the patient has had any prior physical therapy. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The report with the request is not provided. The patient has a limited right knee range of motion and tenderness to palpation over the medial/lateral joint line, subpatella, peroneal muscle on the right. She is diagnosed with right knee sprain/strain, right knee chondromalacia patella, and right knee degenerative joint disease. There is no indication of any recent surgery the patient may have had, and there is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Given that the patient has not had any recent therapy, a course of therapy may be reasonable to help with chronic pain and the patient's decline in function. However, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested 12 sessions of therapy is not medically necessary.

Functional improvement measures using NIOSCH testing every 30 days while undergoing treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 11/23/13 and presents with right knee pain. The request is for FUNCTIONAL IMPROVEMENT MEASURES USING NIOSH TESTING EVERY 30 DAYS WHILE UNDERGOING TREATMENT. The RFA is dated 05/18/15 and the patient is on temporary total disability till 05/15/15. MTUS Guidelines do not discuss functional capacity evaluations. " ACOEM impairment results and functional limitations the employer or claimant administrator may request functional ability evaluations may be ordered by the treater or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little, scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The reason for the request is not provided. The patient has a limited right knee range of motion and tenderness to palpation over the medial/lateral joint line, subpatella, peroneal muscle on the right. She is diagnosed with

right knee sprain/strain, right knee chondromalacia patella, and right knee degenerative joint disease. It is unknown if the request is from the employer or the treater. Per MTUS guidelines, the treating physician must monitor the patient and provide appropriate treatment recommendations. There is no need for any additional specialized testing. Functional improvement measures should be a part and parcel of a routine physician visitation. The requested functional improvement measures (NIOOSH) as a separate billing services is not medically necessary.