

Case Number:	CM15-0111085		
Date Assigned:	06/17/2015	Date of Injury:	03/16/2015
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
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: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial injury on 03/16/2015. He has reported injury to the left knee. The diagnoses have included left knee sprain/strain; left knee medial compartment arthritis; and left knee medial meniscus tear. Treatment to date has included medications and diagnostics. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant moderate to severe sharp, stabbing left knee pain and weakness. Objective findings included +3 tenderness to palpation of the medial aspect of the left knee and medial joint line; slight swelling over the left knee; decreased range of motion of the left knee; McMurray's test causes pain, popping, and grinding; valgus causes pain; and Apley's compression causes pain. The treatment plan has included the request for chiropractic treatment to left knee x7; physical therapy left knee 3x6; and follow-up orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to Left Knee x7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48-9; 86, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic musculoskeletal conditions. It is a passive therapy. It is important to note that many studies have shown that the longer a patient has pain the less likely passive therapy will be effective. Its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. Although the MTUS does not specifically address manipulation therapy for most injuries, it implies it should be an optional treatment for musculoskeletal injuries except those specifically noted to be not recommended (ie ankle, foot, forearm, wrist, knee and hand injuries). Since this patient's injury is to the knee chiropractic treatment is not recommended. The request is not medically necessary.

PT Left Knee 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48-9; 337-9, 341, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. The provider has requested more frequent physical therapy than recommended by the MTUS for this patient's musculoskeletal injury but did not provide any reason for this increased number of therapy sessions. Medical necessity for the frequency and number of PT sessions requested has not been established. The request is not medically necessary.

Follow up Orthopedic Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. The provider in this case has requested referral to an orthopedic surgeon for evaluation of knee pain, which has not improved with conservative care and with changes on imaging suggesting a possible surgical condition. The request is not a request for surgery although there is an assumption that the referred specialist will request surgery. Referral to a surgeon at this point in the patient's care appears to be appropriate. The request is medically necessary.