

<b>Case Number:</b>	CM15-0113107		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 43 year old male who sustained an industrial injury on 08/28/2013. He reported pain in his right knee. The injured as having right knee internal derangement with meniscus tear. Treatment to date has included a right knee arthroscopy with partial medial meniscetomy and synovectomy, physical therapy, and medications. Currently, the injured worker complains of right knee pain, better than prior to surgery, and right knee weakness. On exam, the worker has a healed surgical scar on the right knee, right knee weakness, decreased range of motion of the right knee, and no knee instability. The treatment plan is to continue with physical therapy, and obtain a home unit for electric stimulation. The treatment plans is for physical therapy, follow-up with the internal medicine specialist, and follow up with the primary treating physician. Requests for authorization are made for: 1. Additional physical therapy once a week for 6 weeks to the right knee, 2. PTP follow-up evaluation, 3. Evaluation with an internist, 4. Functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy once a week for 6 weeks to the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pg. 98-99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that following knee meniscectomy, up to 12 supervised physical therapy sessions over 12 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, it appears that he had already completed sufficient postoperative physical therapy to learn to do home exercises which were being recommended but no report on if the worker was doing them regularly was included in the notes provided for review. The symptoms and physical findings were minimal. Also, there was no indication that the worker required further supervision at this stage and therefore, the request for further supervised physical therapy will be considered medically unnecessary without sufficient supportive evidence to suggest it is needed.

**PTP follow-up 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, Chapter 7, page 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was a request for the worker to return to their primary treating physician, however, there was no specific indication or reasoning documented to support this request. As the worker appears to only need knee treatment and should be sufficiently managed with home exercises and medications, the need for frequent physician involvement is not necessary. Therefore, the request for PTP follow-up evaluation will be considered medically unnecessary without this supportive information.

**Evaluation with an internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was a request for the worker to see an internal medicine physician, however, there was no specific indication or reasoning documented to support this request. As the worker appears to only need knee treatment and should be sufficiently managed with home exercises and medications, the need for frequent physician involvement is not necessary. Therefore, the request for evaluation with an internist will be considered medically unnecessary without this supportive information.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 132-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section, Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, there was no evidence

of having tried to return to work, nor was there any description of which tasks might be challenging at his preferred work activities. Also, it appears that the provider intended to treat him further with physical therapy, suggesting that more improvement was likely, which would not be at maximal medical improvement. Therefore, this request seems inappropriate and medically unnecessary at this time.