

Case Number:	CM15-0125834		
Date Assigned:	07/10/2015	Date of Injury:	05/01/2013
Decision Date:	08/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 47 year old male, who sustained an industrial injury on 5/1/13. Initial complaints were the result of falling 12 feet from a ladder with low back, right knee and bilateral foot pain. The injured worker was diagnosed as having chondromalacia patella; lumbosacral radiculopathy; medial and lateral meniscal tear. Treatment to date has included status post right knee arthroscopy partial medical meniscectomy and chondroplasty (4/17/15); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5/26/15 are hand written and check marked form. These notes indicated the injured worker complains of lower back pain and right knee pain. The provider documents the injured worker has ongoing bladder problems. He is a status post right knee arthroscopy surgery of 4/17/15 with improvement since his surgery. He started physical therapy 2 weeks ago and will see his surgeon again in June. He notes bilateral foot pain mostly the sole which is constant when walking and standing which aggravate his pain. He documents the pain has been since his injury at work. The provider notes there are two healing surgical ports of the right knee and he presents with a single point cane (good condition). Light touch sensation is noted as right anterior thigh intact; right lateral ankle intact and right lateral calf intact. Documentation submitted indicates the injured worker weighs 280 pounds and is 5'6". The provider is requesting authorization of physical therapy for the right knee and lumbar spine twice weekly for six weeks; a weight loss program; PENS (P-Stim) rental for ninety days and a psychological follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee and lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99, 114, Postsurgical Treatment Guidelines Page(s): 24 - 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: MTUS Post Surgical Guidelines recommend 12 sessions of post operative physical therapy as adequate for this individual's surgery. The goal of therapy being self directed exercises and rehabilitation. This individual has been previously authorized for 12 sessions of therapy for post operative care and the records reviewed to not provide any rationale supporting an extension and exception to Guidelines. In addition, this individual has had prior physical therapy for the low back. Guidelines recommend up to 10 total sessions for this medical condition. A few sessions to renew an appropriate rehabilitation program may be reasonable, but this request vastly exceeds this without justification. Under these circumstances, the request for Physical therapy for the right knee and lumbar spine, twice weekly for six weeks is not supported by Guidelines and is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (www.guideline.gov/summary/summary.aspx?doc_id=11081&nbr=005844), as well as Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number 0039.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.hopkinsmedicine.org/news/media/releases/few_commercial_weight_loss_programs_show_reliable_evidence_of_effectiveness_johns_hopkins_reports.

Decision rationale: MTUS Guidelines do not directly address this issue, but it is well established that obesity interferes with knee rehabilitation and accelerates degeneration. However, the requesting surgeon and primary treating physician did not provide adequate information to authorize this request. The requesting physician has not even documented this individual's motivation to enter into such a program. It is now well established that only a few well established programs () have any evidence of long term benefits. Many programs, including medically supervised programs are not as successful. Without adequate information, the non-specific request for weight loss program is not supported by Guidelines and is not medically necessary.

PENS (P-STIM) rental for ninety days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS/MENS Page(s): 97/120. Decision based on Non-MTUS Citation <http://www.biegler.com/pstim.en.htm>.

Decision rationale: This request for PENS and (P-stim) treatment appears to be misinformed as these are not the same thing. PENS stimulation is a subcutaneous application near the area of pain and there is limited Guidelines support for such treatment with the Guideline recommendation that a TENS unit trial has been completed first. P-stim is placement of needles in the auricular portion of the ear and then stimulation is then connected to these needles. MTUS Guidelines address this issue under the title of micro-current electrical stimulation (MENS) and the Guidelines do not support it. The request for PENS (P-STIM) rental for ninety days is not supported by Guidelines and is not medically necessary.

Psychological follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Office Visits Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Depression.

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines support psychological intervention for issues such as depression that are associated with chronic pain. This individual has had a psychological evaluation and follow up sessions were recommended at that time. There is no documentation of how many or what benefits are resulted of prior sessions. The Guidelines recommend a trial of 6 sessions with additional sessions dependent upon attendance and benefits. These standards of documentation and care have not been followed. Unless additional details are documented, at this point in time the request for psychological follow up is not consistent with Guidelines and is not medically necessary.