

Case Number:	CM15-0170483		
Date Assigned:	09/11/2015	Date of Injury:	12/09/2014
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/29/2015

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 65 year old female who sustained an industrial injury December 9, 2014, after falling with injury to her left knee, right shoulder and back. She was diagnosed with left patella fracture, minimally displaced. She was treated conservatively and was able to heal and recover with full range of motion of the left knee. Diagnoses are documented as thoracic, lumbosacral, gluteal and right shoulder strain; fracture left patella. A primary treating physician's progress report, dated August 19, 2015, finds the injured worker with complaints of constant worsening left knee pain, rated 5-7 out of 10. Objective findings included 3 + tenderness of the left medial joint line. Some of the handwritten notes are difficult to decipher. (According to a primary treating physician's permanent and stationary report, dated August 10, 2015, the injured worker has an underlying severe tricompartmental osteoarthritis which is felt to be unrelated to her industrial injury of December 9, 2014). A request for authorization, dated August 19, 2015, requests pool therapy 2x3 for neck, shoulder and right knee. Also at issue, is a request for an MRI of the left knee without contrast and a follow-up with an orthopedic knee specialist. According to utilization review, performed August 26, 2015, the request for pool therapy 2 x 3 for the back, shoulder and right knee was non-certified. The request for an MRI of the left knee without contrast is non-certified. The request for a follow-up visit with an orthopedic knee specialist is non-certified. In a peer to peer conversation between physicians, dated August 26, 2015, the physician advisor documented that the treating physician withdrew his request pending for the knee MRI. The physician advisor further documented this did not change his original recommendation as outlined above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2x3 for back, shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Pool therapy 2x3 for back, shoulder and right knee is not medically necessary and appropriate.

MRI of the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the MRI. Besides continuous intermittent pain complaints, exam is without neurological deficits, report of limitations, acute flare-up or new injuries. There is no report of

failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The MRI of the left knee without contrast is not medically necessary and appropriate.

Follow-up visit with orthopedic knee specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion of the knee to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unchanged clinical findings without red-flag conditions. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Follow-up visit with orthopedic knee specialist is not medically necessary and appropriate.