

Case Number:	CM15-0066143		
Date Assigned:	04/13/2015	Date of Injury:	04/26/2009
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, Florida, 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 59 year old male, who sustained an industrial injury on 04/26/2009. He has reported injury to the bilateral knees. The diagnoses have included right knee posterior horn medial meniscal tear and tri-compartmental osteoarthritis with patellofemoral scarring and plica; status post right knee arthroscopy, on 07/01/2014; and left knee radial tear of the medial meniscus and patellofemoral chondromalacia. Treatment to date has included medications, diagnostics, injections, bracing, acupuncture, chiropractic sessions, physical therapy, and surgical intervention. Medications have included Nucynta and Omeprazole. A progress note from the treating provider, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued bilateral knee pain; and frequent swelling, clicking, and occasional locking on the left. Objective findings have included minimal swelling of the bilateral knees; is wearing a brace on the right knee; and ambulates with the assistance of a single pint cane. The treatment plan has included the request for physical therapy for bilateral knees, quantity: 8; and consultation with general surgeon regarding hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral knees, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: The injury is from six years ago. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socio-economic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.

Consultation with general surgeon regarding hernia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of American Gastrointestinal and Endoscopic (SAGES). Guidelines for the management of hiatal hernia. Los Angeles (CA): Society of American Gastrointestinal and Endoscopic Surgeons (SAGES); 2013 May. 42p [176 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the Other Guidelines categorization. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of

medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Details regarding the hernia, what has been done to treat it, if there are surgical issues, etc. have not been addressed. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified and is not medically necessary.