

Case Number:	CM15-0090553		
Date Assigned:	05/14/2015	Date of Injury:	10/20/2006
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 10/20/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having failed total knee arthroplasty status post left knee pseudofusion, moderate adjustment disorder with depressed mood, lumbar spinal stenosis, lumbar/lumbosacral degenerative disc disease, lumbar myofascial pain, and a right total knee replacement. Treatment and diagnostic studies to date has included medication regimen, lymphedema clinic with use of a lymphedema pump, and use of a crutch. In a progress note dated 04/02/2015 the treating physician reports antalgic gait, stiff/fused left lower extremity with a decreased stance on the left, and pain that is rated a 4 out of 10 while resting and a 6 out of 10 with ambulation. The injured worker was noted to be receiving treatments at a lymphedema clinic for use of a lymphedema pump three times a week since 12/2014 to maintain his leg at a size that assists with improved function, allows ambulation so that the injured worker doesn't require 24 hour/day elevation, and noted softening of tissues. The treating physician requested lymphedema physical therapy three times twelve for the left knee with the treating physician noting that the injured worker has shown a benefit from lymphedema massage and is anticipated to have increased edema and swelling to the left lower extremity with upcoming surgery. The treating physician also requested psychotherapy times 10 visits as recommended by the Qualified Medical Examination to assist with coping with the effects of the injury to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (Lymphedema therapy) 3x12 Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lymph drainage therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lymph drainage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy (lymphedema therapy) three times per week times 12 weeks to the left knee is not medically necessary. Lymph drainage therapy is not recommended. Manual lymphatic drainage, as performed by massage therapists, is intended to stimulate and move excess fluid away from the swollen area so it can drain away normally. As a treatment for chronic pain, there is no good evidence to support its use. The guidelines state during the first six months of complex regional pain syndrome type I, manual lymph drainage provides no additional benefit when applied in conjunction with an intensive exercise program. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are failed total knee arthroplasty, status post left knee pseudo-fusion; adjustment disorder with depressed mood; spinal stenosis lumbar; lumbar, lumbosacral disc degeneration; lumbar myofascial pain; and total knee replacement. Lymphatic drainage therapy is not recommended. The injured worker has had multiple surgeries involving left knee. In 2012, the injured worker had a total knee arthroplasty; a revision in 2013; a resection arthroplasty in August 2013; a left temporary pseudo-fusion with antibiotic spacer December 2013; a left knee synovectomy July 2014; subsequent E. coli infection with four months IV Zosyn through a PICC line. The treating provider states the injured worker uses a lymphedema pump at a lymphedema clinic. The documentation indicates the injured worker had prior massage therapy for lymphedema. There were no progress notes or evidence of objective functional improvement with prior massage therapy for lymphedema. Additionally, on physical examination there is no swelling of the lower extremities or lymphedema documented objectively. Lymphatic drainage therapy is not recommended. Consequently, absent clinical documentation with evidence of lymphedema, prior massage therapy lymphedema progress notes and guideline non-recommendations, physical therapy (lymphedema therapy) three times per week times 12 weeks to the left knee is not medically necessary.

Psychotherapy x 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Cognitive behavioral therapy.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, psychotherapy times 10 visits is not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6 - 10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnoses are failed total knee arthroplasty, status post left knee pseudo-fusion; adjustment disorder with depressed mood- moderate; spinal stenosis lumbar; lumbar, lumbosacral disc degeneration; lumbar myofascial pain; and total knee replacement. Lymphatic drainage therapy is not recommended. The documentation indicates the injured worker is currently under the care of a psychiatrist. A Qualified Medical Examination (QME) stated the injured worker should continue BMS pain counseling through completion. The guidelines recommend an initial trial of 3-4 psychotherapy visits over two weeks. With evidence of objective functional improvement, 6 - 10 visits may be appropriate. The treating provider exceeded the recommended guidelines by requesting 10 psychotherapy sessions. A trial of 3-4 psychotherapy visits is appropriate and clinically indicated. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a request exceeding the recommended guidelines for a trial of 3 to 4 psychotherapy visits over two weeks, psychotherapy times 10 visits are not medically necessary.