

Case Number:	CM15-0090559		
Date Assigned:	05/14/2015	Date of Injury:	04/03/2014
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
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

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 28-year-old male who sustained an industrial injury to his left knee on 04/03/2014. The injured worker was diagnosed with chronic left knee strain and chondromalacia of the left knee. Treatment to date includes left knee magnetic resonance imaging (MRI) reporting chondromalacia of the patella, some intrasubstance degenerative myxoid changes of the medial meniscus otherwise a normal study, knee brace and conservative measures. According to the primary treating physician's progress report on April 27, 2015, the injured worker continues to experience left knee pain with giving way, swelling, popping and clicking. The injured worker rates his pain level at 9/10. The injured worker reports difficulty with medications due to nausea and vomiting. Examination demonstrated tenderness along the medial joint line and pain with compression of the patellofemoral joint. There was no instability to varus and valgus stress and negative anterior and posterior drawer sign. No medications are used. Treatment plan consists of possible Euflexxa injection, intermittent knee bracing as needed and the current request for follow-up evaluation, physical therapy twice a week for 3 weeks and left knee and acupuncture therapy once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Based on the 04/27/15 progress report provided by treating physician, the patient presents with left knee pain rated 9-10/10. The request is for FOLLOW-UP EVALUATION. Patient's diagnosis per Request for Authorization form dated 05/05/14 includes chronic left knee strain, left knee chondromalacia, and myxoid degeneration of the medial meniscus. The patient occasionally uses a walker and wears a knee brace. Physical examination to the left knee on 04/27/15 revealed tenderness along the medial joint line and pain with compression of the patellofemoral joint. MRI of the left knee on 03/30/15 revealed mild chondromalacia of the patella and mild lateral patellar tilt. Treatment to date included imaging studies, bracing and conservative measures. The patient is not on medications. The patient is temporarily totally disabled, per 03/25/15 report. Treatment reports were provided from 02/11/15-04/27/15. ACOEM, second edition 2004 chapter 7, page 127 states 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 examinees fitness for return to work." Treater has not provided medical rationale for the request. However, ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic knee pain that remains in spite of treatments, follow up evaluation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.

Physical therapy 2 x week- Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 04/27/15 progress report provided by treating physician, the patient presents with left knee pain rated 9-10/10. The request is for PHYSICAL THERAPY 2 X WEEK -LEFT KNEE. Patient's diagnosis per Request for Authorization form dated 05/05/14 includes chronic left knee strain, left knee chondromalacia, and myxoid degeneration of the medial meniscus. The patient occasionally uses a walker and wears a knee brace. Physical examination to the left knee on 04/27/15 revealed tenderness along the medial joint line and pain with compression of the patellofemoral joint. MRI of the left knee on 03/30/15 revealed mild chondromalacia of the patella and mild lateral patellar tilt. Treatment to date included imaging studies, bracing and conservative measures. The patient is not on medications. The patient is temporarily totally disabled, per 03/25/15 report. Treatment reports were provided from 02/11/15-04/27/15. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks.

For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided medical rationale for the request. There are no medical records from 04/27/15 to RFA date of 05/05/14. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no indication of new injury, or flare ups/recurrences, either. Furthermore, the request states physical therapy 2x per week without mention of number of weeks. Given lack of documentation, this request IS NOT medically necessary.

Acupuncture 1x6 weeks - Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 04/27/15 progress report provided by treating physician, the patient presents with left knee pain rated 9-10/10. The request is for ACUPUNCTURE 1X6 WEEKS -LEFT KNEE. Patient's diagnosis per Request for Authorization form dated 05/05/14 includes chronic left knee strain, left knee chondromalacia, and myxoid degeneration of the medial meniscus. The patient occasionally uses a walker and wears a knee brace. Physical examination to the left knee on 04/27/15 revealed tenderness along the medial joint line and pain with compression of the patellofemoral joint. MRI of the left knee on 03/30/15 revealed mild chondromalacia of the patella and mild lateral patellar tilt. Treatment to date included imaging studies, bracing and conservative measures. The patient is not on medications. The patient is temporarily totally disabled, per 03/25/15 report. Treatment reports were provided from 02/11/15-04/27/15. 9792.24.1 Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided medical rationale for the request. There are no medical records from 04/27/15 to RFA date of 05/05/14. Given patient's diagnosis and continued symptoms, a short course of acupuncture would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no indication of new injury, or flare ups/recurrences, either. Given lack of documentation, this request IS NOT medically necessary.