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| Case Number: | CM15-0090924 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 03/17/2003 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/08/2015 |
| 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56-year-old male, who sustained an industrial injury on 3/17/03. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having a meniscal tear and lumbar disc displacement. Treatment to date has included medication. A physician's report dated 3/19/15 noted physical examination findings of bilateral knee tenderness, a positive patellar compression test, and crepitation with range of motion of the knees. Currently, the injured worker complains of pain in the bilateral knees. The treating physician requested authorization for physical therapy for the bilateral knees 2x4, chiropractic therapy for the bilateral knees 2x4, and a Cortisone injection to both hip greater trochanters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral knees, twice a week for four weeks: 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 Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The medical records provided indicate this patient was over 12 years ago. It is unclear if this patient had an exacerbation of this injury. The request for 8 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for Physical Therapy for the bilateral knees, twice a week for four weeks is not medically necessary.

Chiropractic Therapy for the bilateral knees, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The MTUS Chiropractic section refers to Manual Therapy and Manipulation Guidelines for recommendations. MTUS states regarding Manual Therapy of the knee as "not recommended". The medical records do not indicate any extenuating circumstances that would warrant exception to the MTUS guidelines. Additionally, the treating physician does not describe the specific pathologies that he wishes to have addressed in chiropractic treatments. As such, the request for Chiropractic Therapy for the bilateral knees, twice a week for four weeks is not medically necessary.

Cortisone Injection to both hip greater trochanter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Intra-articular steroid hip injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), Intra-articular steroid hip injection (IASHI).

Decision rationale: MTUS is silent regarding steroid hip injections ODG refers to Intra-articular steroid hip injection for "steroid injection." ODG states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis." Medical records do not indicate that the patient has bilateral moderately advanced or severe OA or bilateral hip trochanteric bursitis. As such, the request for Cortisone Injection to both hip greater trochanter is not medically necessary.