

Case Number:	CM15-0094337		
Date Assigned:	05/20/2015	Date of Injury:	06/09/2014
Decision Date:	06/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: Emergency 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 47-year-old male, who sustained an industrial injury on 06/09/2014. He reported that he twisted his left knee. He was diagnosed with internal derangement of the left knee and medial meniscal tear. Treatment to date has included MRI, surgery, physical therapy and TENS unit. According to a progress report dated 04/27/2015, the injured worker was status post left knee diagnostic and operative arthroscopy on 12/12/2014 where he underwent a partial medial meniscectomy. Postoperatively he was making slow and steady progress. He reported that his range of motion was still lacking in extension. When he tried to do any sort of physical activity like running or jogging, he experienced a sharp pain along the inner and out aspect of his knee. Physical examination demonstrated well-healed arthroscopic portals, extension lacking five degrees, strength 4/5, notable quadriceps atrophy compared to the contralateral side and palpable scar tissue along the medial and lateral arthroscopic portals. Assessment included left knee industrial injury on 06/09/2014, complex posterior horn medial meniscal tear and left knee status post diagnostic and operative arthroscopy on 12/12/2014. The provider noted that the injured worker was on restricted duty and was unable to physically exert himself with any running, jumping or pivoting motions. He felt that 12 sessions of work conditioning physical therapy would be very beneficial to him as the injured worker had class IV arduous work as a police officer and required full functionality. The provider also requested a TENS unit for his left knee. He utilized a TENS unit during his physical therapy with great mitigating effects. The provider felt that it would be beneficial with his home stretching and strengthening exercise program. Currently under review is the request for 12 sessions of physical therapy for the left knee and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine Guidelines, Working Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening Page(s): 125-126.

Decision rationale: The requested 12 sessions of physical therapy for the left knee, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The treating physician has documented range of motion was still lacking in extension. When he tried to do any sort of physical activity like running or jogging, he experienced a sharp pain along the inner and out aspect of his knee. Physical examination demonstrated well-healed arthroscopic portals, extension lacking five degrees, strength 4/5, notable quadriceps atrophy compared to the contralateral side and palpable scar tissue along the medial and lateral arthroscopic portals. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitation nor the medical necessity for additional work conditioning physical therapy sessions beyond a current trial of six sessions followed by re-evaluation. The criteria noted above not having been met, 12 sessions of physical therapy for the left knee is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The treating physician has documented range of motion was still lacking in extension. When he tried to do any sort of physical activity like running or jogging, he experienced a sharp pain along the inner and out aspect of his knee. Physical examination demonstrated well-healed arthroscopic portals, extension lacking five degrees, strength 4/5, notable quadriceps atrophy compared to the contralateral side and palpable scar tissue along the medial and lateral arthroscopic portals. The treating physician has not documented the medical necessity for a TENS unit beyond a one month trial. The criteria noted above not having been met, TENS unit is not medically necessary.