

Case Number:	CM13-0014691		
Date Assigned:	11/27/2013	Date of Injury:	08/29/2012
Decision Date:	02/13/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 29, 2012. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy over the life of the claim, including at least 12 sessions before February 28, 2013; right knee arthroscopy and partial medial and lateral meniscectomies on January 15, 2013; unspecified amounts of chiropractic manipulative therapy; and at least 12 sessions of postoperative physical therapy. In a utilization review report of January 30, 2013, the claims administrator did certify 12 sessions of postoperative physical therapy at the outset. In internal correspondence, the claims administrator noted on July 17, 2013, that the applicant had already completed 12 sessions of postoperative therapy. On July 10, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy. On July 31, 2013, the attending provider notes that the applicant missed an appointment. An earlier note of June 19, 2013 is handwritten, sparse, and notable for comments that the applicant's knee exam is normal and that the applicant has returned to regular duty work. Twelve sessions of physical therapy are sought nevertheless; however, no rationale is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, an attending provider should specify clear directives for physical therapy, with a clear description of the diagnoses and/or lesions causing an applicant's complaints, and should provide a prescription that clearly states treatment goals. In this case, however, the attending provider did not clearly furnish any clear directives to the treating therapist. It is unclear why additional therapy is being sought. The handwritten progress note provided is sparse and does not suggest that the applicant has any residual deficits which would warrant additional treatment at this late date; in fact, the applicant later no-showed for a follow-up appointment. Finally, it is noted that the applicant has seemingly had prior treatment of 12 to 24 sessions over the life of the claim, seemingly well in excess of the 9- to 10-session courses recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. In this case, the attending provider has not furnished any compelling rationale or narrative so as to justify additional treatment beyond the guideline. Therefore, the request remains non-certified, on independent medical review.