

Case Number:	CM13-0021763		
Date Assigned:	11/13/2013	Date of Injury:	06/21/1991
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 21, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; knee Synvisc injections; apparent diagnosis with knee arthritis; prior lumbar fusion surgery; prior right knee surgery; home health care; and extensive periods of time off of work. In a utilization review report of August 26, 2013, the claims administrator apparently denied the request for 12 sessions of physical therapy to the knee, noting that the applicant has had 34 reported sessions of therapy and nine sessions of acupuncture. The applicant later appealed, on September 6, 2013. A lumbar MRI of October 10, 2013 is notable for comments that the applicant underwent a fusion surgery in September 2012 at L4-S1. A later note of August 19, 2013 is notable for comment that the applicant's knee buckles. She is having persistent hip, knee, and low back pain. Stiffness, tenderness, limited range of motion is noted about each body part. A 12-session course of physical therapy, 12-session course of acupuncture, and a six-month gym membership are endorsed while the applicant remains off of work, on total temporary disability, until October 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Physical Medicine G. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): 99..

Decision rationale: The applicant has already had prior treatment (34 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. There is no seeming evidence of functional improvement as defined in MTUS 9792.20f which would justify further treatment beyond the guideline. The applicant's failure to return to any form of work and lack of improvement in terms of work status, work restrictions, and/or reduction in dependence on medical treatment implies a lack of functional improvement as defined in section 9792.20f. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review