

<b>Case Number:</b>	CM13-0029532		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 is a represented [REDACTED] employee who has filed a claim for chronic knee and bilateral hand pain reportedly associated with an industrial injury of June 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and a prior knee medial meniscectomy. In a utilization review report of August 22, 2013, the claims administrator seemingly denied a request for 12 sessions of physical therapy. Only a summary of the decision was attached. No clear rationale in the full text of the utilization review report was provided. The applicant's attorney later appealed. Specifically reviewed is a January 23, 2013 operative report in which the applicant underwent a partial lateral meniscectomy about the left knee. On May 20, 2013, six additional sessions of physical therapy were partially certified by utilization review. On December 18, 2012, 12 sessions of physical therapy were partially certified through utilization review. Multiple progress notes interspersed throughout 2012 were notable for comments that the applicant is unimproved and is off of work. A March 25, 2013 progress note also states that the applicant is off of work, on total temporary disability, as does a later April 29, 2013 progress note. The most recent progress note of October 21, 2013 is also handwritten, not entirely legible, difficult to follow, and notable for comments that the applicant has persistent knee pain, tenderness, swelling, and would like to undergo further knee surgery. 12 sessions of postoperative physical therapy and a seven-day stay in a homecare facility are sought. The applicant again remains off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Worker's Comp @nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition) Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** The Physician Reviewer's decision rationale: The request does not clearly detail how much therapy or treatment is being sought here. The applicant has had extensive amounts of physical therapy over the life of the claim, it is noted, seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, however, there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the fact that the applicant is off of work, on total temporary disability, and now seemingly pursuing further knee surgery implies a lack of functional improvement with prior physical therapy treatment. Continuing further physical therapy treatment in an open-ended manner without evidence of functional improvement with prior treatment is not indicated. Therefore, the request is not certified.