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| Case Number: | CM13-0053050 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/13/2012 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 knee and leg pain reportedly associated with an industrial injury of April 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee arthroscopy in June 2012; knee corticosteroid injections; consultation with an orthopedic knee surgeon, who apparently recommended a total knee arthroplasty; and extensive periods of time off of work. In a Utilization Review Report of November 4, 2014, the claims administrator denied a request for 12 sessions of physical therapy. In a progress note of March 14, 2013, the applicant is described as off of work, on total temporary disability. Twelve sessions of work conditioning were sought at that point. On August 20, 2013, the applicant was described as presenting with right knee pain. A total knee replacement is apparently endorsed as the applicant has moderate severe knee arthritis. On October 24, 2013, the applicant consulted another knee surgeon and again received a recommendation to pursue a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of post-operative Physical Therapy, 3 times a week for 4 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8,99.

Decision rationale: As of the date of the utilization report, November 4, 2013, the employee was well outside of the six-month postsurgical physical medicine treatment period established in the MTUS guidelines, following arthroscopic knee surgery on June 15, 2012. While a total knee arthroplasty has apparently been recommended by various providers in various specialties, the employee has never undergone said total knee arthroplasty. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend an overall course of 9 to 10 sessions of physical medicine for the diagnosis of myalgias and myositis of various body parts, seemingly present here, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent reevaluation of an applicant to ensure demonstration of functional improvement so as to justify continued treatment on page 8 of the chronic pain guidelines. In this case, the fact that the employee remains off of work, on total temporary disability, over a year removed from the date of prior surgery, implies a lack of functional improvement as defined in the MTUS guidelines. Therefore, the request is not certified, on Independent Medical Review.