

Case Number:	CM13-0057100		
Date Assigned:	12/30/2013	Date of Injury:	01/30/1984
Decision Date:	03/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 patient is a represented [REDACTED] employee, who has filed a claim for chronic knee and leg arthritis reportedly associated with an industrial injury of January 30, 1984. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; corticosteroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 13, 2013, the claims administrator partially certified a request for eight sessions of physical therapy treatment as three sessions of physical therapy treatment, citing non-MTUS-ODG Guidelines. An earlier clinical progress note of October 8, 2013 is notable for comments that the patient presents to obtain a Synvisc injection. He is having persistent knee pain. He is asked to return to work. An earlier note of October 1, 2013 is notable for comments that the patient has to do lot of walking at work, including stair climbing. He was given Norco for heightened pain on that date. An earlier note of September 3, 2013 is notable for comments that the applicant has progressively worsening knee arthritis and will eventually require a knee replacement. An earlier note of July 16, 2013 is notable for comments that the patient t is working regularly three days a week doing desk work and working as a handyman the remaining two days a week. The remainder of the file was surveyed. There is no evidence that the patient had had any prior physical therapy in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions: Overturned

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

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

Decision rationale: As noted on page 99 of MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9-10 sessions of treatment is recommended for the diagnosis of myalgias and myositis of various body parts, seemingly present here. The applicant has demonstrated appropriate functional improvement following completion of prior unspecified amounts of treatment over the life of the claim. He has returned to regular work as a handyman. He does have ongoing deficits associated with knee arthritis. Additional physical therapy on the order of that proposed is indicated. The attending provider request did conform to MTUS parameters. Therefore, the request is certified as written.