

Case Number:	CM13-0060180		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2001
Decision Date:	05/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 leg pain reportedly associated with an industrial injury of May 11, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier right knee arthroscopy; and at least 14 sessions of physical therapy, per the claims administrator. In a progress note of August 13, 2013, the applicant was described as reporting persistent knee pain secondary to moderate bilateral knee arthritis. It is stated that ultimately the applicant would require total knee arthroplasties. Additional physical therapy in unspecified amounts was endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE: Upheld

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

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

Decision rationale: The 18-session course of treatment proposed here, in and of itself, represents treatment while in excess of the 9- or 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, the issue present here. It is further noted that the MTUS Guideline in ACOEM Practice Guidelines, Chapter 3, page 48, states that it is incumbent upon the treating provider to furnish a physical therapy prescription which clearly states treatment goals. In this case, however, the requesting provider neither has not clearly stated treatment goals nor furnished a compelling rationale for treatment so far in excess of the MTUS parameters. Therefore, the request is not certified, on Independent Medical Review.