

Case Number:	CM13-0063380		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2012
Decision Date:	05/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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 patient is a represented [REDACTED] employee who has filed a claim for low back and knee pain reportedly associated with an industrial injury of July 27, 2012. Thus far, the patient has been treated with the following: Analgesic medications; earlier knee medial meniscectomy on May 23, 2013; and 12 sessions of postoperative physical therapy. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for six additional sessions of physical therapy. Although the patient was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier knee meniscectomy, the claims administrator nevertheless cited the Postsurgical Treatment Guidelines in section 9792.24.3. The patient's attorney subsequently appealed. A progress note of January 9, 2013 was notable for comments that the patient reported diffuse knee pain. The patient was apparently taking over-the-counter NSAIDs owing to the fact that Celebrex had been denied. The patient exhibited diffuse knee pain. Physical therapy and MRI imaging were sought. It was stated that the chance of the patient's having meniscal tear again were quite high. The patient was returned to sedentary work. The patient stated that walking was very painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE TOPIC Page(s): 8 AND 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue seemingly present here, in this case, however, little or no information was added to augment the request for authorization. The patient's response to earlier physical therapy treatment was not detailed. The operative report was not provided. It was not stated why a January 2013 request for authorization for therapy was being considered by Utilization Review 11 months later, in December 2013. The claimant's work status, functional status, and response to earlier physical therapy treatment were not clearly detailed. Therefore, the request for six additional sessions of physical therapy is not medically necessary owing to lack of progress notes detailing the patient's response to earlier treatment.