MAXIMUS Federal Services

Case Number:	CM13-0065137		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2012
Decision Date:	04/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 pain reportedly associated with an industrial injury of May 7, 2012. Thus far, the patient has been treated with following: Analgesic medications, 17 sessions of physical therapy over the life of the claim, per the claims administrator; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 2, 2013, the claims administrator denied additional physical therapy and a functional capacity evaluation. Non-MTUS ODG Guidelines were cited to deny the FCE. The claims administrator's rationale alluded to a date of injury which defers from that stated on the application for Independent Medical Review, it is incidentally noted. A November 28, 2013 progress note is notable for comments that the patient reports persistent knee pain, aggravated by standing. A positive McMurray sign is appreciated. Tenderness and spasm are appreciated about the quadriceps musculature. The applicant is placed off of work, on total temporary disability and asked to pursue six additional sessions of physical therapy, a repeat MRI, and a functional capacity evaluation while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times six for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 and 98.

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

Decision rationale: The applicant has already had prior treatment (17 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. There has, however, been no demonstration of functional improvement to date which would support further treatment beyond the Guideline. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on physical therapy and other treatments. All of the above, taken together, imply lack of functional improvement as defined in Section 9792.20f despite prior treatment in excess of the Guideline. Therefore, the request is not certified, on Independent Medical Review.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Work Conditioning topic Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does note that FCE testing can be employed as a precursor to enrolment in a work hardening or work conditioning program, in this case, there is no indication that the applicant is intent on enrolling in work hardening or work conditioning. The Chapter 7 ACOEM Guidelines further note that FCEs are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, it is further noted that the applicant is off of work, on total temporary disability, several years removed from the date of injury. The applicant does not, in likely, have a job to return to. FCE testing is, by definition, superfluous. Therefore, the request is not certified, on Independent Medical Review.