

Case Number:	CM13-0067457		
Date Assigned:	01/03/2014	Date of Injury:	09/25/2002
Decision Date:	05/06/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 pain reportedly associated with an industrial injury of September 25, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; knee arthroscopy on August 6, 2013; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for 13 sessions of physical therapy, stating that the applicant has already had 12 sessions of postoperative treatment authorized and did not appreciably improve following completion of the same. The applicant's attorney subsequently appealed. A November 16, 2012 progress note is notable for comments that the applicant is off of work, on total temporary disability, following shoulder surgery. A December 27, 2013 progress note is notable for comments that the applicant reports persistent shoulder pain, knee pain, left ankle pain, and left foot pain. The applicant apparently had a slip and fall injury three weeks prior after his knee gave out. He is depressed owing to the heightened pain. He is using crutches to move about. He has tenderness and decreased range of motion about the injured knee. A psychology consultation is endorsed. It is stated that the applicant is off of work, on total temporary disability, and that he has seven sessions of physical therapy remaining. On November 22, 2013, the applicant was described as having persistent knee issues. He apparently had only had 14 sessions of physical therapy following the knee surgery, the attending provider wrote. The patient was described as continuing to smoke. A knee effusion and limited knee range of motion were noted. The applicant was described as using Norco, Naprosyn, Voltaren cream, and Lidoderm patches. The applicant's range of motion is described as having degraded postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: The applicant has already had prior treatment (at least 14 sessions), seemingly in excess of the 12-session course endorsed in MTUS 9792.24.3 following surgery for meniscectomy, as apparently transpired here. There is, however, no evidence of functional improvement which would support additional treatment beyond the Guideline. The applicant still has significant physical impairment. The applicant is having difficulty moving about. The applicant is using crutches. The applicant apparently recently fell on a November-December 2013 time frame. The applicant remains unstable. He still has a knee effusion. He is off of work, on total temporary disability. As noted in MTUS 9792.24.3.c.4b, in cases in which no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In this case, the applicant was still within the six-month postsurgical physical medicine treatment period following earlier knee meniscectomy in August 2013 as of the date of the Utilization Review Report, December 3, 2013. Continuing physical therapy beyond that point without evidence of functional improvement was not indicated. Therefore, the request remains not certified, on Independent Medical Review.