

Case Number:	CM14-0007477		
Date Assigned:	04/30/2014	Date of Injury:	10/04/2012
Decision Date:	07/08/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/16/2014

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, has a subspecialty in Preventive 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 [REDACTED] employee who has filed a claim for knee and low back pain reportedly associated with an industrial injury of October 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; 12 sessions of physical therapy, per the claims administrator; and reported return to regular duty work. In a utilization review report of December 11, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy, citing non-MTUS ODG Guidelines and chapter 12 ACOEM Practice Guidelines as opposed to the MTUS Chronic Pain Medical Treatment Guidelines. The applicant subsequently appealed. An earlier progress note of October 29, 2013 was notable for comments that the applicant reported persistent knee, neck, and low back pain, highly variable, ranging from 2 to 6/10. The applicant reported that various activities including psychological stress and kneeling exacerbated her pain. Slightly limited knee range of motion to 105 degrees was appreciated. The applicant was nevertheless returned to regular duty work and asked to pursue a 12-session course of physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS FOR THE LUMBAR SPINE AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 9 to 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 reportedly present here. In this case, no compelling case has been made for treatment in excess of the MTUS parameters. The applicant has already returned to regular work. The applicant is now in the chronic pain phase of the injury. As noted on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the emphasis should appropriately be on active therapy, active modalities, and self-directed home physical medicine at this late date, approximately one year removed from the date of injury. The 12 session course treatment proposed, thus, runs counter to MTUS principles and parameters. Accordingly, the request is not medically necessary, on independent medical review.