

Case Number:	CM14-0010713		
Date Assigned:	02/21/2014	Date of Injury:	09/13/2003
Decision Date:	08/06/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 13, 2003. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; left knee total knee arthroplasty; the apparent imposition of permanent work restrictions; and unspecified amounts of physical therapy. A June 28, 2012 progress note was notable for comments that the applicant had left knee total knee arthroplasty with subsequent revision and was off of work, on total temporary disability. On January 21, 2014, the applicant was described as having persistent complaints of low back and knee pain, 6 to 7/10. It was stated that the applicant completed 12 sessions of physical therapy one and half years ago. A 12-session course of treatment was furnished. The applicant was asked to continue current medications and remain off of work, on total temporary disability for additional four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 12-session course of treatment proposed here, 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 myalgias and/or myositis of various body parts. No clear rationale or commentary was provided to support treatment in excess of MTUS parameters. It is further noticed that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be some demonstration of medication efficacy so as justify continued treatment. In this case, however, the applicant remains off of work, on total temporary disability several years removed from the date of injury and several years removed from the date of last surgery, implying a lack of functional improvement as defined in MTUS 9792.20f despite completion of unspecified amounts of physical therapy over the course of claim, including at least 12 sessions of treatment one and half years ago. Therefore, the request for 12 additional sessions and physical therapy for the left knee is not medically necessary.