

Case Number:	CM14-0166794		
Date Assigned:	10/14/2014	Date of Injury:	11/25/2013
Decision Date:	12/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 November 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for 12 sessions of physical therapy, citing the misnumbered page "474" of the MTUS Chronic Pain Medical Treatment Guidelines on education. The claims administrator did not, however, incorporate the misnumbered guideline into its rationale. The applicant's attorney subsequently appealed. In a July 17, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain. Twelve sessions of physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. X-rays of the knee were taken and showed no progression or degenerative changes, it was incidentally noted. It was not clearly stated how much treatment the applicant had had through this point in time. In an August 28, 2014 progress note, the applicant was again placed off of work, on total temporary disability, for an initial six weeks owing to ongoing complaints of 4-6/10 knee pain. The applicant was asked to consider injection therapy and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine, Functional restoration Approach to Chronic Pain Management 9792.20f, Page.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommend on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48, to the effect that it is incumbent upon a prescribing provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the fact that the applicant remained off of work, on total temporary disability, despite earlier unspecified amounts of physical therapy over the course of the claim imply the lack of functional improvement as defined in MTUS 9792.20f through earlier treatment in unspecified amounts. The attending provider's request for therapy did not, furthermore, clearly outline treatment goals, nor did the attending provider outline how much cumulative treatment the applicant had had through that point in time. Therefore, the request is not medically necessary.