

Case Number:	CM14-0167238		
Date Assigned:	10/14/2014	Date of Injury:	01/26/2014
Decision Date:	11/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of January 26, 2014. In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for eight sessions of physical therapy while approving an internist consultation. The applicant's attorney subsequently appealed. In an April 14, 2014 progress note, the applicant reported ongoing complaints of right knee pain with associated catching, locking, and swelling. The applicant was given a knee corticosteroid injection. Work restrictions were endorsed. It was not clearly stated whether the applicant was working said limitations in place or not. On August 7, 2014, the applicant apparently transferred care to a new primary treating provider. It was acknowledged that the applicant was not working. The applicant presented with multifocal complaints, including hip pain, thigh pain, leg pain, knee pain, and headaches, 5 to 9/10. The applicant also reported ancillary complaints of anxiety, depression, reflux, and sleep disturbance. Eight sessions of physical therapy for the knee and ankle were sought. The applicant was using Tramadol, it was incidentally noted. The applicant was placed off work, on total temporary disability. An internal medicine evaluation was also apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Right Knee and Right Ankle 2-x week x 4 weeks: 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 -98.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgia's and myositis of various body parts, the issue reportedly present here, the applicant has had prior unspecified amounts of physical therapy over the course of the claim. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off work, on total temporary disability, despite having had prior unspecified amounts of physical therapy over the course of the claim. Multifocal pain complaints persist. The applicant remains dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional Physical Therapy is not medically necessary.