

<b>Case Number:</b>	CM14-0184154		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 pain reportedly associated with an industrial injury of January 18, 2010. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator invoked a variety of MTUS and non-MTUS references, making it unclear which set of guidelines were invoked. Amongst the guidelines cited were Chapter 13 ACOEM Guidelines, the Official Disability Guidelines, and the MTUS Postsurgical Treatment Guidelines. The claims administrator did state that the applicant had had nine recent sessions of physical therapy, however. The claims administrator stated that its decision was based, in part, on physical therapy progress notes of September 29, 2014 and October 13, 2014. In a July 15, 2014 progress note, the applicant presented to follow up on issues associated with diabetes. It was suggested that the applicant was not checking his blood sugars frequently enough. The note was handwritten and difficult to follow. Metformin and Dexilant were renewed. The applicant's work status was not stated. On June 17, 2014, the applicant again followed up on issues with diabetes. Hemoglobin A1C was endorsed. In a September 2, 2014 orthopedic progress note, the applicant reported ongoing complaints of low back and knee pain. The applicant was still using a cane to move about. The applicant had not returned to work. The applicant was unable to increase activity level. The applicant was status post lumbar spine surgery and had issues with bilateral knee degenerative joint disease. Twelve additional sessions of physical therapy were sought. The applicant was described as 'qualified injured worker' implying that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 to bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section. Decision based on Non-MTUS Citation MTUS 9792.20f.

**Decision rationale:** The 12-session course of treatment proposed, 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 myositis of various body parts, the issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant has been deemed a qualified injured worker. As the requesting provider himself acknowledged, the applicant failed to demonstrate any significant improvement in function following nine prior sessions of physical therapy. The applicant still had significant gait derangement requiring usage of a cane appreciated on the September 2, 2014 progress note on which the Request for Authorization (RFA) was initiated. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior treatment in-line with MTUS parameters. Therefore, the request is not medically necessary.