MAXIMUS Federal Services

Case Number:	CM14-0023000		
Date Assigned:	05/14/2014	Date of Injury:	09/25/2012
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 September 25, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; earlier meniscectomy surgery; and 24 sessions of postoperative physical therapy, per the claims administrator.In a Utilization Review Report dated February 17, 2014, the claims administrator denied a request for 12 sessions of physical therapy, citing Postsurgical Treatment Guidelines in section 9792.24.3.The applicant's attorney subsequently appealed.In a November 6, 2013 progress note, the applicant was described as reporting persistent complaints of knee pain. It was stated that the applicant was unable to perform his job task which required loading and unloading of cargo. The applicant was asked to continue physical therapy and/or work hardening. Unspecified medications were refilled.In an earlier Utilization Review Report dated October 23, 2013, the applicant was described as status post earlier knee synovectomy and chondroplasty on June 26, 2013.On October 2, 2013, the attending provider wrote that the applicant remained disabled at that point in time.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.2. MTUS 9792.20f. Page(s): 99.

Decision rationale: The applicant was outside the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier knee arthroscopy and chondroplasty on June 26, 2013. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment being 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 myositis of various body parts, the issue reportedly present here. In this case, however, the applicant has had extensive treatment over the life of the claim, including at least 24 recent sessions of physical therapy in 2013 and 2014. There has, however, been no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including office visits, a cane, medications, etc. Continuing pursuit of additional physical therapy beyond the guideline without evidence of functional improvement as defined in MTUS 9792.20f is not recommended. Therefore, the request is not medically necessary.