

<b>Case Number:</b>	CM14-0023249		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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] filed a claim for knee and leg pain [REDACTED] with an industrial injury of July 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and ACL reconstruction surgery on July 11, 2013. In a Utilization Review Report dated February 22, 2013, the claims administrator denied a request for additional physical therapy for the knee, citing Postsurgical Treatment Guidelines in Section 9792.24.3, despite the fact that the applicant was outside of the six-month postsurgical physical medicine treatment period as of the date in question. The applicant's attorney subsequently appealed. In a handwritten progress note seemingly dated November 14, 2013, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. An additional 12-session course of physical therapy was seemingly sought. Prescriptions for Naprosyn, Ultram, and Protonix were endorsed. MRI imaging of multiple body parts was likewise sought.

[REDACTED] filed a claim for knee and leg pain reportedly associated with an industrial injury of July 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and ACL reconstruction surgery on July 11, 2013. In a Utilization Review Report dated February 22, 2013, the claims administrator denied a request for additional physical therapy for the knee, citing Postsurgical Treatment Guidelines in Section 9792.24.3, despite the fact that the applicant was outside of the six-month postsurgical physical medicine treatment period as of the date in question. The applicant's attorney subsequently appealed. In a handwritten progress note seemingly dated

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### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

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

**Decision rationale:** As of the date of the Utilization Review Report, February 12, 2014, the applicant had reportedly had 30 sessions of treatment over the life of the claim, per the claims administrator, seemingly well 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. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that there must be demonstration of functional improvement at very milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment and medications such as Naprosyn and tramadol. Therefore, the request for additional physical therapy 2 times per week for 6 weeks for the bilateral knees further beyond the guideline is not medically necessary owing to a lack of functional improvement with prior treatment as defined by the parameters established in MTUS 9792.20f.