

Case Number:	CM14-0045726		
Date Assigned:	07/07/2014	Date of Injury:	06/17/2013
Decision Date:	09/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 June 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; viscosupplementation injection; and earlier knee arthroscopy. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator did not state which guideline he was invoking the MTUS, Chapter 13 ACOEM Guidelines, The Postsurgical treatment guidelines, and non-MTUS ODG Guidelines and did not incorporate any of the aforementioned guidelines into his rationale. The claims administrator did not state when the applicant had the surgery in question. The applicant's attorney subsequently appealed. In a September 23, 2013 handwritten progress note, it was suggested that the applicant was status post knee arthroscopy on August 21, 2013. In a handwritten note dated March 5, 2014, difficult to follow, not entirely legible, the attending provider stated that the applicant was "80% improved." The applicant was asked to pursue eight additional sessions of physical therapy. The applicant was given a rather permissive 40-pound lifting limitation which, it was incidentally noted. In an operative report of August 21, 2013, the applicant underwent an arthroscopy, partial medial and lateral meniscectomy, and chondroplasty of all three compartments. In a narrative report of January 8, 2014, the applicant was described as motivated to continue working and was reportedly working with United Rentals in a modified capacity with a rather permissive 40-pound lifting limitation in place, it was suggested. The applicant did have various comorbidities including knee arthritis and hepatitis, it was suggested, and they were hampering the applicant's progress. Fairly well-preserved knee range of motion was noted, lacking only a few degrees, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks; Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following knee arthroscopy surgery on August 21, 2013 as of the date of the request for additional physical therapy, March 5, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The eight session course of treatment proposed by the attending provider did, thus, conform to 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. As noted by the attending provider, the applicant did have comorbidities which delayed and hamper his recovery, including hepatitis and knee arthritis. The applicant was reportedly motivated to continue working. The applicant did have some residual knee deficits in terms of range of motion, it was suggested, on or around the date of the request, and also had some functional deficits in the sense that the applicant had not quite returned to regular duty work on or around the date of the request, March 5, 2014. Additional physical therapy to facilitate the applicant's return to work was indicated. Therefore, the request was medically necessary.