

Case Number:	CM14-0049925		
Date Assigned:	07/07/2014	Date of Injury:	07/18/2013
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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 July 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior knee arthroscopy; and, per the claims administrator, 18 sessions of physical therapy. In a March 25, 2014 progress note, the claims administrator denied a request for 12 additional sessions of physical therapy, somewhat incongruously citing both the Postsurgical Treatment Guidelines in Section 9792.24.3 and the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a March 10, 2014 progress note, the applicant reported persistent complaints of right knee and low back pain. The applicant reportedly had an abnormal gait pattern, it was suggested. Naprosyn, Protonix, Flexeril, and Norco were endorsed, along with 12 additional sessions of physical therapy to include ultrasound and massage modalities in conjunction with therapeutic exercises. The applicant was placed off of work, on total temporary disability. The date of surgery was not stated. In an earlier note of February 3, 2014, the applicant was again placed off of work, on total temporary disability. In a physical therapy progress note of February 19, 2014, it was acknowledged that this was the applicant's 18 sessions of physical therapy through that point in time. In an operative report of October 24, 2013, the applicant underwent an arthroscopic partial medial and partial lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of Physical Therapy, three (3) times four (4) weeks for the right knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As of the date of the request, March 10, 2014, the applicant had already had prior treatment (18 sessions), seemingly well in excess of the 12-session course recommended in MTUS 9792.24.3 following a meniscectomy surgery, as transpired here on October 24, 2013. MTUS 9792.24.3.c.4.b further stipulates that postsurgical treatments shall be discontinued at any time during the postsurgical physical medicine period in applicants who fail to demonstrate functional improvement. In this case, the applicant had, in fact, failed to demonstrate any functional improvement despite earlier treatment in excess of the MTUS parameters. The applicant remained off of work, on total temporary disability, and remained highly reliant on various forms of medical treatment, including opioids agents such as Norco. It is further noted that the attending provider sought authorization for various passive modalities, including massage and ultrasound. However, MTUS 9792.24.3.c.5.c states that modalities should only be performed in conjunction with other active treatments and should be minimized in favor of active rehabilitation and independent self-management. The attending provider's request, thus, as written, does not conform to MTUS parameters or principles, particularly in light of the applicant's failure to demonstrate functional improvement with earlier treatment. Therefore, the request for 12 sessions of physical therapy was not medically necessary.