

Case Number:	CM14-0051563		
Date Assigned:	07/07/2014	Date of Injury:	03/05/2014
Decision Date:	08/27/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/19/2014

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:

This case involves a 51 one year old male who reported an injury to his neck, low back, hip, knee, and hand pain associated with date of injury of 05/05/2014. Thus far, the injured worker's treatment includes analgesic medications and unspecified amount of physical therapy. In a utilization review report dated 04/14/2014, the claims administrator partially certified a request for eight sessions of the initial physical therapy for the right knee as six sessions of physical therapy alone. Non-MTUS Third Edition ACOEM Guidelines were invoked, which the claims administrator mislabeled as originating from within the MTUS. The claims administrator did not, moreover, incorporate cited guidelines into its rationale. In a handwritten doctor's first report dated April 3, 2014, the injured worker was described as having multifocal complaints of neck, shoulder, hand, hip, foot, knee, and low back pain. In addition, he reported pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. It was acknowledged that the injured worker had tenderness on multiple body parts and limited range of motion about the right shoulder. However, the note was somewhat difficult to follow. An eight-session course of physical therapy and topical Voltaren gel were endorsed as well as the the injured worker was placed off of work on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy for the right knee, times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Knee>: Table 2, Summary of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: The 12-session course of treatment proposed represents treatment well in excess of the "initial and follow up visits" recommended in the MTUS ACOEM Guidelines in Chapter 13-3, for education counseling, and evaluation of home exercise purposes. No rationale for treatment so far in excess of the MTUS parameters was proffered by the attending provider. The attending provider's progress note was sparse, handwritten, difficult to follow and not entirely legible. The extent, nature, and magnitude of the injured worker's deficits were not clearly outlined. It was not clearly stated what deficits, the applicant had, which would require treatment so far in excess of the MTUS parameters. Therefore, the request was not medically necessary.