

<b>Case Number:</b>	CM14-0093186		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Preventive 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 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; right carpal tunnel release surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated June 5, 2014, the claims administrator denied a request for 8 additional sessions of physical therapy, stating that the applicant had failed to benefit through earlier unspecified amounts of treatment. The applicant's attorney subsequently appealed. A March 3, 2014, progress note was notable for comments that the applicant was off work, on total temporary disability, owing to ongoing complaints of multifocal neck, shoulder, bilateral knee, elbow, ankle, and foot pain, 7/10. Eight sessions of physical therapy were endorsed. The applicant was again placed off 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:

**Additional physical therapy 2x4 for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic. 9792.20(f). Page(s): 99, 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, during the chronic pain phase of a claim, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off work, on total temporary disability, despite having received unspecified amounts of prior physical therapy over the course of the claim. The applicant remains highly reliant and highly dependent on opioid agents such as Vicodin. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite completion of prior physical therapy. Therefore, the request for additional physical therapy is not medically necessary.