

Case Number:	CM13-0019207		
Date Assigned:	10/11/2013	Date of Injury:	02/26/2013
Decision Date:	02/10/2015	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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 February 26, 2013 (it is incidentally that the date of injury was incongruously reported as 'February 26, 2020' on the IMR application and as 'February 26, 2014' on the Utilization Review Report). In a Utilization Review Report dated August 15, 2013, the claims administrator failed to approve a request for 12 sessions of physical therapy for the knee. The claims administrator contented that the applicant had failed to demonstrate a favorable response to six recent sessions of physical therapy previously approved. The claims administrator referenced an August 12, 2013 progress note in its determination. The applicant's attorney subsequently appealed. An MRI imaging of the right knee dated February 6, 2013 was notable for osteoarthritic changes, tricompartmental, mild-to-moderate, loose body, evidence of a previous partial lateral meniscotomy, and recurrent and/or residual tear about the lateral meniscus, and a tear of the posterior horn of the medial meniscus. In a progress note dated July 30, 2013, handwritten, difficult to follow, not entirely legible, 12 additional sessions of physical therapy were endorsed, while the applicant was seemingly placed off of work, on total temporary disability for five weeks. The note was extremely difficult to follow and compromised almost entirely of preprinted checkboxes. Persistent complaints of bilateral knee pain, bilateral hand pain, and left elbow pain were reported. The applicant also had derivative complaints of psychological stress and sleep disturbance, it was noted. An orthopedic consultation, sleep specialist consultation, internist evaluation, psychiatry consultation, and a pain medicine evaluation were all endorsed. The applicant was using Voltaren, Lorcet, and Soma, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks for the left knee: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: 1. No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment 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, the diagnosis reportedly present here. This recommendation, moreover, is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability. The applicant remained dependent on opioid agent such as Lorcet and non-opioid agent such as Soma. The fact that consultation with multiple providers and multiple specialists being sought, including with an internist, pain management physician, orthopedist, etc., furthermore, suggest that earlier conservative treatment, including earlier physical therapy was, in fact, unsuccessful in terms of the functional improvement measures established in MTUS 9792.20f. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.