

Case Number:	CM13-0025314		
Date Assigned:	11/20/2013	Date of Injury:	07/17/2001
Decision Date:	03/26/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 17, 2011. In a Utilization Report Review dated September 9, 2013, the claims administrator failed to approve a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed. The physical therapy at issue was apparently endorsed via an RFA form dated August 22, 2013. The applicant was described as status post a total knee arthroplasty in a separate progress note of the same date. The date of the total knee arthroplasty study was not clearly detailed. The applicant did exhibit a visibly antalgic gait and was placed off of work, on total temporary disability. In an earlier note dated July 18, 2013, the applicant reported 7/10 knee pain exacerbated by bending, lifting, carrying, driving, standing, pushing, pulling, sitting, stooping, and/or negotiating stairs. The applicant was using oxycodone, Protonix, tizanidine, Levoxyl, Zestril, Lipitor, Pamelor, Protonix, Relafen, Zanaflex, Effexor, and tramadol. Both tramadol and oxycodone were renewed at the bottom of the report. The applicant was placed off of work, on total temporary disability. A visibly antalgic gait was evident. The date of surgery was not detailed. On April 24, 2013, it was stated that the applicant had undergone knee surgery on October 21, 2012. 8-9/10 pain was evident on that date.

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 FOR THE RIGHT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: No, the request for additional physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery of late 2012. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant had had earlier unspecified amounts of physical therapy over the course of the claim. However, the applicant has seemingly failed to profit from the same. The applicant was off of work, on total temporary disability, as of the August 22, 2013 progress note on which additional physical therapy was sought. The applicant remained dependent on various opioid agents including Percocet. Pain complaints in the 8-9/10 range were reported. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and negotiating stairs, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receiving earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.