MAXIMUS Federal Services

Case Number:	CM14-0129424		
Date Assigned:	08/18/2014	Date of Injury:	03/29/2008
Decision Date:	01/02/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 March 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated July 22, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator stated that its decision was based on a July 15, 2014 RFA form. In a progress note dated June 20, 2014, the applicant reported ongoing complaints of bilateral knee and low back pain with an ancillary complaint of NSAID-induced gastritis. The applicant was given refills of naproxen, Prilosec, Ultram, Norco, Ambien, topical Terocin patches and was placed off of work, on total temporary disability. MR arthrography of the knee and an internal medicine consultation were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical MedicineFunctional Restoration Approach to Chronic Pain Management 9792.20f Page(s).

Decision rationale: 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 myalgia's and myositis of various body parts. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had earlier unspecified amounts of physical therapy over the course of the claim. The applicant remains dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.