

Case Number:	CM14-0199347		
Date Assigned:	01/16/2015	Date of Injury:	03/18/2013
Decision Date:	02/28/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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 has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 18, 2013. On said August 11, 2014 progress note, the applicant presented with neck pain, wrist pain, hand pain, mid back pain, and muscle spasms. Physical therapy, chiropractic manipulative therapy, trigger point injections, and electrical muscle stimulation were apparently endorsed. The applicant's work status was not clearly stated. In an August 11, 2014 progress note, the applicant again reported multifocal complaints of knee pain, low back pain, neck pain, wrist pain, and shoulder pain. The applicant was placed off of work, on total temporary disability. Trigger point injection therapy was apparently performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in ACOEM Chapter 3, page 48, to the effect that it is incumbent upon a treating provider to furnish a prescription for physical therapy which "clearly states treatment goals. Here, the bulk of the attending provider's documentation was sparse. Little-to-no narrative commentary accompanied the RFA form in which the physical therapy at issue was sought. The fact that the applicant remained off of work, on total temporary disability, despite having completed earlier unspecified amounts of physical therapy, suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional physical therapy was not medically necessary.