

Case Number:	CM14-0201587		
Date Assigned:	12/11/2014	Date of Injury:	06/01/2006
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/02/2014

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 June 1, 2006. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for additional physical therapy to the left knee. The claims administrator referenced an October 24, 2014 RFA form in its denial. The claims administrator suggested that the applicant had undergone a knee meniscectomy procedure on January 2, 2014 and that the applicant has failed to profit from earlier physical therapy. Non-MTUS ODG guidelines were invoked. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated September 19, 2014, the applicant reported ongoing complaints of bilateral knee pain. The applicant was using tramadol, Tylenol, a topical compound, and Nexium, it was acknowledged. The applicant stated that her pain was worsened by kneeling, bending, squatting, crouching, and crawling activities. The applicant had undergone prior knee surgery. The applicant was given permanent work restrictions and an 8% whole person impairment rating. It did not appear that the applicant's employer was able to accommodate said limitation, although this was not clearly outlined. In an operative report dated January 2, 2014, the applicant underwent an arthroscopy with partial medial meniscectomy. The remainder of the file was surveyed. The bulk of the information on file comprised of historical physical therapy progress notes. On October 21, 2014, the applicant reported ongoing complaints of left knee pain. The applicant was using diclofenac, Prilosec, loratadine, hydrochlorothiazide, losartan, meclizine, montelukast, Tylenol, Phenergan, and tramadol, it was acknowledged. 8/10 knee pain was noted. The applicant stated that her knee was still popping and clicking. Additional physical therapy was sought. The applicant was asked to continue using a TENS unit. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for left knee, per 10/24/14 form, quantity: 8,:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Knee and Leg Procedure Summary, updated 10/27/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management Section Page. Decision based on Non-MTUS Citation MTUS 9792.20f.

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 diagnoses reportedly present here, this recommendation, however, is 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 applicants work and functional status were not clearly outlined on the October 21, 2014 progress note on which additional physical therapy was sought. The applicants response to earlier physical therapy treatment, by all accounts, appears to have been poor. The applicant continues with complaints of clicking and locking about the injured knee. The applicant did not appear to be much improved and remains dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.