

Case Number:	CM15-0145572		
Date Assigned:	08/06/2015	Date of Injury:	03/26/2014
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, 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 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 26, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy for the bilateral knees as 8 sessions of the same. An RFA form of July 13, 2015 and an associated progress note of July 8, 2015 were referenced in the determination. On July 8, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant had received viscosupplementation therapy, it was reported. The applicant was not working, as her employer was unable to accommodate previously suggested limitations, it was reported. Naprosyn, Prilosec, and Tramadol were endorsed. 12 sessions of physical therapy were sought. The attending provider stated that he would renew the applicant's work restrictions, seemingly unaltered from previous visits, despite the fact that the applicant's employer was apparently unable to accommodate the same.

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 6 weeks, bilateral 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): 98-99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy for the bilateral knees was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further 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 on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, however, the July 8, 2015 progress note did not clearly state why the applicant was incapable of transitioning to self-directed home-based physical medicine without the lengthy formal course of therapy at issue. A clear rationale for such a lengthy, protracted course of therapy was now furnished. The applicant did not, furthermore, seemingly demonstrate a favorable response to earlier treatment. Work restrictions were renewed on July 8, 2015, effectively resulting in the applicant's removal from the workplace. The applicant remained dependent on opioid agents such as Tramadol, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.