

Case Number:	CM15-0147826		
Date Assigned:	08/10/2015	Date of Injury:	02/21/2011
Decision Date:	09/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 21, 2011. In a Utilization Review report dated July 22, 2015, the claims administrator partially approved a request for eight sessions of physical therapy as two sessions of physical therapy while denying a request for transportation to and from physician and physical therapy visits outright. The claims administrator referenced an RFA form received on July 15, 2015 in its determination. The claims administrator stated that the applicant had undergone earlier knee arthroscopic partial meniscectomy surgery on January 22, 2015. Somewhat incongruously, the claims administrator referenced both the MTUS Postsurgical Treatment Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. In a July 8, 2015 progress note, the applicant reported multifocal complaints of neck, low back, and knee pain. The applicant was given refills of Norco, MS Contin, and trazodone. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's ability to perform cooking, cleaning, shopping had all been ameliorated as a result of ongoing medication consumption. In an earlier note dated June 10, 2015, the applicant was again placed off of work, on total temporary disability, while MS Contin, Norco, and trazodone were renewed and/or continued. On January 22, 2015, the applicant underwent a knee arthroscopy, partial medial meniscectomy and patellar chondroplasty to ameliorate a preoperative diagnosis of medial meniscal tear of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (updated 7/10/15), Transportation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for eight sessions of physical therapy for the right knee was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following an earlier knee arthroscopic meniscectomy surgery of January 22, 2015 as of the date the RFA form was received, July 15, 2015. The MTUS Postsurgical Treatment Guidelines were therefore applicable. While the MTUS Postsurgical Treatment Guidelines do support a general course of 12 sessions of postoperative physical therapy following knee meniscectomy surgery, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatments shall be discontinued at any point during the postsurgical physical medicine treatment period in cases where no functional improvement is demonstrated. Here, the applicant remained off of work, on total temporary disability, it was reported on July 10, 2015. Thus, the applicant remained off of work on and around the five-and-half-to- six-month mark of the date of surgery, January 22, 2015. The applicant remained dependent on a variety of opioid agents to include Norco and MS Contin, 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 through the date of the request. Therefore, the request for additional physical therapy was not medically necessary.

Transportation to & from MD and PT visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter Cited.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to & from appointments).

Decision rationale: Similarly, the request for transportation to and from all physician and physical therapy appointments was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. The request for transportation to and from office visits, thus, per the MTUS Guideline in ACOEM Chapter 5, page 83, is an article of applicant responsibility

as opposed to an article of payer responsibility. While ODGs Knee and Leg Chapter Transportation topic does recommend medical transportation to and from appointments in the same community in applicants with disabilities preventing them from self-transport, here, however, the attending provider did not outline what (if any) deficits the applicant had which would have prevented, precluded, or reduced the applicant's ability to transport himself to and from physician and/or physical therapy office visits of his own accord. A July 8, 2015 office visit, it was incidentally noted, did suggest that the applicant was able to perform home exercises of his own accord. While the applicant's gait was not clearly characterized on that date, it certainly appeared that the applicant was capable of self-transport, based on the treating provider report to the effect that the applicant was able to perform home exercises on that date. Therefore, the request was not medically necessary.