

Case Number:	CM15-0167703		
Date Assigned:	09/11/2015	Date of Injury:	03/22/2011
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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 56-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 22, 2011. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator seemingly referenced an August 3, 2015 RFA form and progress note of July 29, 2015 in its determination. The claims administrator contended that the applicant had adequate therapy for the injury, but did not elaborate further. The claims administrator does not seemingly incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported ongoing complaints of knee pain attributed to tricompartmental arthritis. Permanent work restrictions and 12 sessions of physical therapy were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant's gait and functional status were not clearly described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for 12 sessions of physical therapy for knee was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of 9-to-10-course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis 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 in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, the applicant's response to earlier treatment was not detailed. The fact that permanent work restrictions were renewed, however, suggested that the applicant had in fact plateaued in terms of functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Clear goals of further treatment, going forward, were not, moreover, articulated. The applicant's gait, functional status, ambulatory status, range of motion, strength, etc., were not detailed. The request, thus, as written, was at odds with pages 8 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 48 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.