

Case Number:	CM15-0181569		
Date Assigned:	09/22/2015	Date of Injury:	10/26/2012
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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 60-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 26, 2012. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy and also failed to approve a request for an internist referral. The claims administrator referenced office visits of August 6, 2015 and August 19, 2015 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were cited in the determination. The claims administrator stated that the applicant had undergone prior knee surgery on February 14, 2015 and contended that the applicant had had 16 sessions of physical therapy through that point in time. A mislabeled section of the MTUS Post-Surgical Treatment Guidelines was invoked in the determination, which incorrectly stated that the MTUS-endorsed postsurgical physical medicine treatment following knee surgery was four months (as opposed to six months). Likewise, non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and mislabeled as originating from the MTUS. The claims administrator medical evidence log was surveyed. The most recent note on file was dated May 6, 2015. Thus, the August 19, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On a historical note dated May 6, 2015, the applicant reported ongoing complaints of knee pain, 7/10. The applicant was not working with a rather proscriptive 15-pound lifting limitation in place. Norco was renewed. The applicant was also apparently using Tylenol, Motrin, and Zantac. The applicant had undergone two knee surgeries. The

applicant was asked to continue home exercises. The applicant exhibited an antalgic gait with 4+/5 knee strength evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, twice a week, for four weeks, for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for eight sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier knee surgery of February 14, 2015 as of the date of the request, August 19, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. 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, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified 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, and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to effect an demonstration of functional improvement is necessary at various milestones in the treatment program to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the August 19, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. The applicant's response to earlier therapy was unknown. The goals of further treatment, going forward, were not clearly articulated. The presence or absence of functional improvement as defined in MTUS 9792.20e with earlier treatment was not identified as, again, the August 19, 2015 office visit in question was not seemingly incorporated into the IMR packet. Therefore, the request was not medically necessary.

Referral to an Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation to aid in the diagnosis, prognosis, therapeutic management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Similarly, the request for a referral to an internist was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, it was not clearly stated what diagnosis, issue, and/or symptom(s) the attending provider intended for the internist to address. Again, the August 19, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet. The historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.