

Case Number:	CM15-0192005		
Date Assigned:	10/06/2015	Date of Injury:	02/01/2012
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/29/2015

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 38-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 1, 2012. In a Utilization Review report dated August 27, 2015, the claims administrator partially approved a request for 12 sessions of therapy for the knee as the 8 sessions of the same. The claims administrator referenced an August 4, 2015 date of service in its determination. The claims administrator incidentally noted that the applicant had undergone an earlier knee meniscectomy procedure on July 9, 2013 and also approved knee MRI imaging with gadolinium contrast, it was incidentally noted. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of knee and low back pain. The applicant had undergone earlier knee arthroscopy in July 2013, it was reported. The applicant was on Motrin, Flexeril, and Norco, it was reported. Electrodiagnostic testing was sought. On July 22, 2015, the applicant was again placed off of work, on total temporary disability. The applicant was apparently asked to follow up with his knee surgeon. Multiple medications were renewed, including Naprosyn, Protonix, tramadol and Flexeril. Once again, the applicant was placed off of work, on total temporary disability. On August 4, 2015, the applicant consulted a knee surgeon, knee MR arthrography was sought. The attending provider contended that the applicant might be a candidate for a revision knee arthroscopy, debridement, and potential loose body removal. Additional physical therapy was nevertheless sought. 7-9/10 knee pain complaints were noted, with associated difficulty squatting, bending, and twisting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left knee, Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Physical Therapy Guidelines.

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

Decision rationale: No, the request for 12 sessions of physical therapy for the 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 the 9- to-10-session course suggested 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. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple office visits of mid-2015, referenced above. The fact that the applicant remained off of work, remained dependent on opioid agents such as Norco, and the fact that MR arthrography of the knee was endorsed on the date in question, August 4, 2015, taken together, suggested that the applicant had effectively 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. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.