

Case Number:	CM15-0035174		
Date Assigned:	03/03/2015	Date of Injury:	03/20/2013
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 20, 2013. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator contended that the applicant had had 24 sessions of physical therapy for the injured knee following earlier knee surgery of August 7, 2014. The applicant also had ancillary complaints of low back pain, it was acknowledged. An RFA form dated February 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported persistent complaints of knee pain. The applicant was using tramadol and Zantac for pain relief. The applicant was apparently given a corticosteroid injection in the clinic. A rather proscriptive 10-pound lifting limitation was imposed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In an RFA form dated January 26, 2015, additional physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for right knee 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for an additional eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (24 sessions, per the claims administrator), seemingly well in excess of the 12-session course recommended in the MTUS Postsurgical Treatment Guidelines following knee meniscectomy surgery, as apparently transpired here. This recommendation is further qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatment shall be discontinued at anytime during the postsurgical physical medicine period in applicants who fail to demonstrate functional improvement. Here, all evidence on file did point to the applicant's having failed to demonstrate functional improvement with earlier treatment. The applicant had seemingly failed to return to work following imposition of a rather proscriptive 10-pound lifting limitation. The applicant remained dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy already well in excess of MTUS parameters. The attending provider failed to outline how the applicant had profited through earlier treatment and, furthermore, failed to state how further treatment could be beneficial here. Therefore, the request was not medically necessary.