

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0041754 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 07/17/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/05/2015 |

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 58-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy in 2012; subsequent revision arthroscopy on April 4, 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator referenced a progress note dated February 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On October 14, 2014, the applicant was placed off of work, on total temporary disability, a little over six months removed from the date of the earlier knee surgery of April 4, 2015. The applicant was given a viscosupplementation injection. The applicant was apparently asked to follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: No, the request for an additional 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, 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, on or around the seven-month mark of date of surgery. Earlier physical therapy had, thus, failed to demonstrate progression in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for additional physical therapy was not medically necessary.