

<b>Case Number:</b>	CM15-0046121		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 46-year-old [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of February 12, 2010. In a Utilization Review Report dated February 10, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of the same, denied an interferential unit, and conditionally denied a home exercise kit. An RFA form received on January 29, 2015 was referenced in the determination. It was suggested (not clearly stated) whether the applicant had knee surgery in 2010. The applicant's attorney subsequently appealed. In a progress note dated January 16, 2015, the applicant received manipulative therapy, massage therapy, infrared therapy, and electrical stimulation for primary diagnosis of knee pain status post earlier knee arthroscopy in 2010-2011. The applicant's work status was not detailed. The applicant went on to receive further therapy on January 19, 2015. In a chiropractic progress note dated January 12, 2015, the applicant reported ongoing complaints of knee pain, exacerbated by kneeling, bending, and squatting. The applicant was apparently returned to regular duty work. Medication selection or medication efficacy were not discussed or detailed. Additional physical therapy and manipulative therapy were nevertheless endorsed via separate RFA forms of January 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 session of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself represents treatment in excess of 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. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to regular duty work, it was suggested on January 12, 2015. It was not clearly established why the applicant could not likewise transition to self-directed home physical medicine after completion of earlier unspecified amounts of physical therapy over the course of the claim, including physical therapy in 2014 itself. Therefore, the request was not medically necessary.

**5 month rental of IF unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** Similarly, the request for a five-month rental of an interferential unit was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, one month trial of an interferential stimulator may be appropriate in applicants in whom pain is ineffectively owing to medication side effects, and/or in applicants who have a history of substance abuse to prevent provision of analgesic medications. Here, thus, the request for a five-month trial rental of the interferential stimulator represents treatment in excess of the one-month trial suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Furthermore, the attending provider failed to outline the presence of any medication intolerance, medication side effects, medication failure, etc., which would compel a trial of the interferential stimulator in question. Therefore, the request was not medically necessary.