

Case Number:	CM15-0053028		
Date Assigned:	03/26/2015	Date of Injury:	04/04/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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 49-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 4, 2011. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy and CT imaging of the knee. The claims administrator did acknowledge that the applicant apparently had implantable defibrillator in place. A March 2, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a March 2, 2015 progress note, the applicant reported ongoing complaints of knee pain and knee instability. The attending provider contended that the applicant had developed compensatory right knee pain as a result of his left knee originally being injured. CT imaging of bilateral knees was proposed. Positive McMurray maneuvers were noted bilaterally. 12 sessions of physical therapy were also sought. The applicant was given a rather proscriptive limitation of 'sedentary work only.' It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-sessions course of physical therapy 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant has seemingly failed to return to work. A rather proscriptive limitation of 'sedentary work only' was imposed on the most recent March 2, 2015 progress note in question, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite received of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.

CT scan for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Similarly, the request for CT imaging of the left knee was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-5, page 343, CT imaging scored a 0/4 in its ability to identify and define suspected meniscal derangement of the knee. It was not clearly stated why the attending provider shows CT scanning to help identify a suspected meniscal tear, particularly when it scored poorly in its ability to identify and define the same, per ACOEM. It is further noted that the requesting provider was a psychiatric, not a knee surgeon, reducing the likelihood of the applicant's acting on the results of the proposed CT scan of the knee and/or considering surgical intervention based on the outcome of the same. The fact that CT scans of the bilateral knees were proposed further reduced the likelihood of the applicant's acting on the results of either study. Therefore, the request was not medically necessary.