

<b>Case Number:</b>	CM15-0232334		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 4, 2014. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve a request for 8 sessions of physical therapy for the knee. The claims administrator referenced an RFA form dated October 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said October 20, 2015 RFA form, 8 sessions of physical therapy were sought. On an earlier RFA form dated June 29, 2015, 8 sessions of physical therapy were sought. Little narrative commentary seemingly accompanied either request. On November 16, 2015 progress note, the treating provider acknowledged that applicant was not working despite receipt of recent Hyalgan injections. The applicant was using Motrin for pain relief, the treating provider reported, on October 8, 2015, the treating provider performed a viscosupplementation injection. The claimant was apparently using Motrin for pain relief, the treating provider acknowledged. The claimant was not, however, working, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for 8 sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, (i.e. diagnosis reportedly present here), this recommendation is, however, 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 a treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for same which "clearly states treatment goals." Here, however, an October 8, 2015 office visit made no mention of the need for further physical therapy. The applicant was not working, the treating provider on that date, and remained dependent on viscosupplementation injections and oral Motrin, the treating provider reported, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. The October 20, 2015 RFA form at issue was thinly and sparsely developed and did not clearly articulate treatment goals. Therefore, the request was not medically necessary.