MAXIMUS Federal Services

Case Number:	CM15-0233493		
Date Assigned:	12/09/2015	Date of Injury:	02/10/2015
Decision Date:	01/14/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/30/2015

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 low back and knee pain reportedly associated with an industrial injury of February 10, 2015. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the low back and knee. The claims administrator referenced an October 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 29, 2015 office visit, the applicant reported ongoing issues with chronic leg and knee pain, seemingly unchanged from prior visit, 5/10. The applicant was on Norco, the treating provider acknowledged. The applicant was asked to pursue 12 additional sessions of physical therapy while remaining off work, on total temporary disability. The applicant was described as having undergone an open reduction and internal fixation of the left lateral tibial plateau fracture some 8 months prior on February 24, 2015, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for low back and left knee 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 12 sessions of physical therapy for the low back and knee was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier tibial ORIF surgery of February 24, 2015 as of the date of the request, October 29, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The 12-session course of treatment at issue, however, represented treatment in excess of the 9-10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body, in and of itself. 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 remained off work, on total temporary disability, the treating provider reported on the October 29, 2015 office visit at issue. The applicant remained dependent on Norco, the treating provider acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of the request, October 29, 2015. It did not appear likely that the applicant could stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.