MAXIMUS Federal Services

Case Number:	CM14-0144226		
Date Assigned:	09/12/2014	Date of Injury:	04/24/2006
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 arm, wrist, elbow, and knee pain reportedly associated with an industrial injury of April 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture; viscosupplementation injections; and a remote history of knee arthroscopy. In a Utilization Review Report dated August 10, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the bilateral knees, stating that the attending provider has failed to document how much prior treatment or treatments had transpired. The applicant's attorney subsequently appealed. In a progress note dated July 25, 2015, the applicant's primary treating provider noted that the applicant had a variety of chronic pain issues, including hand pain, wrist pain, and ganglion cyst. Physical therapy and topical compounded medications were endorsed while the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and replete with various errors. Left knee MRI imaging of July 10, 2014 was notable for degenerative arthritis and an ACL tear with evidence of venous varicosities.In a progress note dated July 3, 2014, the applicant reported bilateral knee pain, highly variable, 3-7/10. Additional physical/occupational therapy was sought. The applicant's work status was not furnished on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy (2x6 weeks) for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

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

Decision rationale: The 12-session course of treatment, 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. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, several years removed from the date of injury and several years removed from the date of last surgery, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite prior treatment in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy treatment for the bilateral knees is not medically necessary.