

Case Number:	CM14-0164396		
Date Assigned:	10/09/2014	Date of Injury:	05/08/2001
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 knee, thigh, and leg pain reportedly associated with an industrial injury of May 8, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; 81 sessions of physical therapy, per the claims administrator; a total knee arthroplasty procedure in January 2013 with subsequent manipulation under anesthesia procedure on June 10, 2013; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for 18 sessions of physical therapy for the knee. The applicant was placed off of work, on total temporary disability, on November 28, 2013. On February 10, 2014, the applicant reported persistent complaints of knee pain. The applicant was transferred care elsewhere. It was stated that the applicant was a candidate for viscosupplementation injections about the left knee and/or later total knee arthroplasty about the left knee. On February 18, 2014, the applicant was again placed off of work, on total temporary disability, owing to persistent complaints of knee pain. On May 29, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of knee pain. The applicant was asked to consider a bone stimulator. On August 21, 2014, the applicant was described as having persistent complaints of knee and leg pain. A stiff leg and gait was noted. It was stated that the applicant had had a healing femur fracture with residual pain, stiffness, and weakness. It was stated that a total knee replacement procedure would likely be needed if the applicant was unable to return to functional range of motion through the proposed physical therapy. The applicant's work status was no stated on this occasion, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, MTUS 9792.20f Page(s): 98-99.

Decision rationale: The 18-session course of treatment 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 issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies its recommendation by noting 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, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite completion of over 80 sessions of earlier physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.