

<b>Case Number:</b>	CM15-0014790		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/26/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 33 year old female who sustained an industrial injury on 02/26/2011. She complains of right knee pain. Diagnoses include chronic right knee pain, status post plica excision, low back pain, and spasm of muscle. Treatment to date has included medications, physical therapy, and injections. A physician progress note dated 01/05/2015 documents the injured worker complains of worsening right knee pain. Her pain is rated 5 on a scale of 1-10 with her medications, and rated 9 on a scale of 1-10 without her medications. Right knee range of motion is restricted with flexion, and extension. There is tenderness present over the lateral joint line and medial joint line. There is a mild effusion. There is limited lumbar range of motion with tenderness over the paravertebral muscles with tenderness and tight muscle band noted on both sides. Treatment requested is for Physical Therapy 2 x 6 evaluation & treat, HEP stretching/strengthening, and referral for pain management psychologist. On 01/15/2015 Utilization Review non-certified the request for Physical Therapy 2 x 6 evaluation & treat, HEP stretching/strengthening, and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM, and Official Disability Guidelines-Treatment in Workmen's Compensation. On 01/15/2015 Utilization Review non-certified the request for referral pain management psychologist, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 evaluation & treat - HEP stretching/strengthening: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment in Workers Compensation (TWC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the 01/05/2015 report, this patient presents with a 5/10 right knee pain; pain level has increased since last visit. The current request is for Physical therapy 2x6 evaluation and treat, HEP stretching/strengthening. The request for authorization is on 01/26/2015. The patient's work status is Temporarily Totally Disabled. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The provided medical reports show that the patient has had 7 physical therapy sessions from 07/23/2014 to 08/06/2014 with pain being the same. However, the treating physician does not discuss the reasons for the requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, the patient has had 7 sessions recently, the requested 12 additional sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.

**Referral Pain Management Psychologist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100 and 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

**Decision rationale:** According to the 01/05/2015 report, this patient presents with a 5/10 right knee pain; pain level has increased since last visit. The current request is for referral pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills training. The Utilization Review denial letter states there is limited documentation of any psychological complaint or issue at this time to justify the necessity of this request. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating

physician feels that additional expertise including cognitive-behavioral therapy and pain-coping skills training may be required. The request IS medically necessary.