

Case Number:	CM15-0117145		
Date Assigned:	06/25/2015	Date of Injury:	10/12/2011
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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 51-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 12, 2011. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy for the right knee and a quad stimulator. The claims administrator referenced a May 21, 2015 progress note in its determination. The claims administrator noted that the applicant had undergone a knee arthroscopy some seven months prior to the date of the request and had also noted that the applicant had had 41 sessions of physical therapy to the date of request. The claims administrator interpreted the request for quad stimulator as a request for neuromuscular electrical stimulator (NMES) device. The applicant's attorney subsequently appealed. On a June 1, 2015 RFA form, 12 additional sessions of physical therapy, a quad stimulator, and a knee brace were proposed. In an associated work status report dated May 21, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation and asked to refrain from walking more than 10 minutes continuously. It was not clearly said whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In an associated progress note of the same date, May 21, 2015, it was stated that the applicant was now seven months removed from the date of the earlier knee surgery. The applicant had received viscosupplementation injection, earlier knee arthroscopy, synovectomy, ACL debridement surgery on October 8, 2014. The applicant has also undergone a viscosupplementation injection on February 24, 2015, it was reported. The applicant had attended 68 recent physical therapy sessions, it was stated. Some ligamentous laxity was appreciated on exam with 5/5 lower

extremity strength appreciated. Additional physical therapy, a knee brace, and the quad stimulator in question were endorsed. It was not clearly stated whether the applicant was or was not working at this point. On April 9, 2015, it was suggested that the applicant had gone back to work with restrictions, despite ongoing complaints of an issue with pain and stiffness about the injured knee. An earlier work status report of February 24, 2015 stated the applicant's limitations of lifting no more than 10 pounds and walking no more than 10 minutes continuously remained in place as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy for the 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 an earlier knee surgery of October 8, 2014 as of the date of the request, May 21, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment at issue, 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. 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, it appeared that the applicant had plateaued in terms of functional improvement measures established in MTUS 9792.20e, following receipt of 41 prior sessions of physical therapy. The same, unchanged 10-pound lifting limitation was renewed on May 21, 2015, unaltered when contrasted against a previous work status report of February 24, 2015. MTUS 9792.20e defines functional improvement as a clinically significant improvement in activities of daily living or reduction in work restrictions and a reduction in dependency on continued medical treatment. Here, the applicant's performance of activities of daily living was not demonstrably improved following receipt of extensive prior physical therapy. The applicant's work restrictions were unchanged. It did not appear, in short, that the applicant would likely benefit from the 12 sessions of physical therapy at issue. Therefore, the request was not medically necessary.

1 quad stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation devices. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Similarly, the request for a quad stimulator, a form of neuromuscular electrical stimulation, was likewise not medically necessary, medically appropriate, or indicated here. The applicant was in the chronic pain phase of treatment as of the date of the request, May 21, 2015, some seven months removed from the date of earlier knee arthroscopy. Page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, however, notes that neuromuscular electrical stimulation is not recommended in the chronic pain context but, rather, should be reserved for the post-stroke rehabilitative context. Here, there is no evidence that the applicant has sustained a stroke. The attending provider did not clearly establish or articulate how the applicant could potentially profit from introduction of a neuromuscular electrical stimulator/quad stimulator at this late stage in the course of the claim. Therefore, the request was not medically necessary.