MAXIMUS Federal Services

| Case Number: | CM15-0124317 | | |
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| Date Assigned: | 07/08/2015 | Date of Injury: | 08/25/2014 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

## 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] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 25, 2014. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced an RFA form of June 1, 2015 and an associated progress note of May 21, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated July 15, 2015, the applicant personally appealed. The applicant posited that he has completed 12 to 14 sessions of physical therapy over the course of the claim. The applicant stated that negotiating stairs was somewhat problematic. The applicant also noted that his claims examiner had not returned some of his calls and/or request for additional information. The applicant did not, however, state whether he was or was not working. On a February 10, 2015 physical therapy questionnaire, the applicant suggested that he was not working, noting that he was not standing and working very vigorously (since off work). The applicant had apparently received somewhere between 10 and 12 sessions of physical therapy between February and April 2015, as suggested on various handwritten physical therapy notes interspersed during those months. Physical therapy RFA form of July 22, 2015 stated that the applicant had completed 12 sessions of physical therapy through that particular physical therapy vendor. Additional physical therapy was sought. The remainder of the file was surveyed on several occasions, as was the claims administrator's medical index log. The sole notes provided were, in fact, physical therapy progress notes. No medical progress notes were seemingly incorporated into the IMR packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee, 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for eight sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (12 to 14 treatments, by the applicant's own report), seemingly 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the applicant's response to earlier therapy was not clearly detailed or characterized in multiple handwritten physical therapy progress notes interspersed between February and April 2015. An applicant questionnaire, referenced above, suggested that the applicant was, not, in fact, working. The request for authorization appears, furthermore, to have been initiated by the treating therapist without an intervening office visit with the attending provider so as to assess program progression and/or functional improvements in terms of the parameters established in MTUS 9792.20e. The applicant's work status, functional status, response to earlier treatment, and clear goals for further physical therapy, going forward, were not articulated or set forth by the attending provider. No medical progress notes were incorporated into the IMR packet. Therefore, the request was not medically necessary.