

Case Number:	CM15-0124545		
Date Assigned:	07/09/2015	Date of Injury:	09/24/2013
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
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 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 24, 2013. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced a progress note dated June 4, 2015 and an associated RFA form of June 8, 2015 in its determination. The claims administrator referenced the mis-numbered, mis-labeled, "page 474" of the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, acknowledge that the most recent note on file was in fact dated October 20, 2014; thus, the June 4, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet. On October 20, 2014, the applicant was returned to unrestricted work despite a flare of knee pain. The applicant was given a knee corticosteroid injection on this date. The applicant was asked to refrain from further usage of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 visits to include Graston to the plica as well as glute and VMO strengthening, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for an additional eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed and are expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Here, the historical progress note of October 20, 2014 suggested that the applicant had returned to regular duty work on that date, despite ongoing complaints of knee pain. It did not appear that the applicant had had significant residual impairment so as to compel the lengthy, eight-session course of formal physical therapy at issue. It was not clearly stated or clearly established why the applicant could not transition to self-directed, home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the June 4, 2015 progress note on which the article in question was sought was not incorporated into the IMR packet. Clear treatment goals, by definition, were not evident. Therefore, the request was not medically necessary.