

<b>Case Number:</b>	CM15-0126844		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 63-year-old who has filed a claim for chronic knee, leg, and low back pain reportedly associated with an industrial injury of January 31, 2012. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the knee and leg. The claims administrator referenced an RFA form received on June 9, 2015 in its determination. A May 20, 2015 progress note was also seemingly referenced at the bottom of the report. On a progress note dated May 13, 2015, the applicant reported ongoing complaints of low back, wrist, and knee pain, ranging from 2 to 8/10. The applicant had completed 6 of 12 previously authorized manipulative treatments, it was suggested. The applicant was working, it was acknowledged, and using Motrin on an as-needed basis. The applicant exhibited a normal gait. Manipulative therapy, Motrin, tramadol, and regular duty work were endorsed. In an RFA form dated May 23, 2015, a short course of physical therapy for the knee and leg was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy visits for the right knee and leg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical medicine guidelines, knee and leg (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** No, the request for unspecified amounts of physical therapy for the knee and leg is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels and also by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for therapy which "clearly states treatment goals". Here, since the duration, amount, quantity of therapy were not furnished, clear treatment goals, by definition, were not stated. The fact that the applicant had already returned to regular duty work, exhibited a normal gait, exhibited near-normal to normal motor and musculoskeletal function, moreover, also strongly suggested that the applicant was in fact capable of transitioning to self-directed home-based physical medicine without further formal physical therapy. Therefore, the request is not medically necessary.