

<b>Case Number:</b>	CM15-0129871		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 25-year-old who has filed a claim for knee pain reportedly associated with an industrial injury of February 7, 2015. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the knee. The claims administrator referenced a May 28, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant received a functional capacity evaluation of some kind, the results of which were not clearly reported. On June 24, 2015, the applicant reported ongoing complaints of knee pain, 7/10, aggravated by kneeling, standing, bending, and walking. The applicant was given refills of several topical compounded medications, oral Voltaren, tramadol, and Protonix. The applicant's work status was not clearly detailed. On May 27, 2015, the applicant presented reporting 8-1/2 over 10 knee pain complaints. Protonix, oral Voltaren, tramadol, and several topical compounds were endorsed. The applicant's work status, once again, was not clearly reported. It was again stated that the applicant was having difficulty with activities of daily living as basic as standing, walking, bending, kneeling, and squatting. In a separate note dated May 28, 2015, the applicant was placed off of work, on total temporary disability, while six sessions of physical therapy and six sessions of acupuncture were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 time a week for 6 weeks, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

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

**Decision rationale:** No, the request for six sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9- to 10-session treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is, however, 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, the applicant was placed off of work, on total temporary disability, as of the May 28, 2015 progress note at issue. The applicant was also asked to consult an orthopedic knee surgeon on that date to consider surgical options. The fact that the applicant remained dependent on other forms of medical treatment, including acupuncture, topical compounds, opioid agents such as tramadol, etc., coupled with the applicant's failure to return to work, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.