

Case Number:	CM15-0077601		
Date Assigned:	04/27/2015	Date of Injury:	08/29/2013
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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 58-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 29, 2013. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy and MRI imaging of the knee. The claims administrator referenced a March 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported ongoing complaints of knee, ankle, foot, and low back pain, collectively graded as 6-10/10. Derivative complaints of depression, anxiety, and insomnia were reported. The applicant was on Protonix, Naprosyn, Vytarin, and Flomax, it was further noted. The applicant exhibited tenderness about the left medial knee with full range of motion appreciated about the same. 12 sessions of physical therapy involving the knee and MRI imaging involving the same were sought. The applicant was returned to regular duty work. The applicant was working full time as a teacher, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself, represents treatment in excess of 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. Page 98 of MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement level. Here, the applicant had already returned to regular duty work. There was no mention of the applicant's having significant residual gait, range of motion, and/or other functional deficits on or around the date of the request. Clear goals for further physical therapy were not established. It was not clearly established why the applicant cannot transition to self-directed home-based physical medicine without the lengthy formal course of physical therapy at issue. Therefore, the request was not medically necessary.

MRI for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that MRI imaging can be employed to confirm a wide variety of diagnoses, including suspected meniscal tear, collateral ligament tear, anterior cruciate ligament tear, patellar tendinopathy, etc. ACOEM qualifies its position by noting that such testing is typically indicated only if surgery is being considered. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical remedy involving the injured knee based on the outcome of the study. The applicant had already returned to regular duty work, it was reported on the March 17, 2015 progress note at issue. The requesting provider was physiatrist, not a knee surgeon, reducing the likelihood of the applicant acting on the results of the study in question. Therefore, the request was not medically necessary.