

Case Number:	CM15-0098892		
Date Assigned:	06/01/2015	Date of Injury:	11/10/2009
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 10, 2009. In a Utilization Review report dated May 8, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as 10 sessions of physical therapy. A RFA form dated March 18, 2015 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated March 11, 2015, the applicant reported ongoing complaints of knee and wrist pain. The applicant was given a thumb corticosteroid injection for reported thumb arthritis. The applicant was already permanent and stationary, it was reported. It was not clearly stated whether the applicant was or was not working. The applicant's primary knee issues were not discussed. On March 11, 2015, the applicant's thumb issues were described as significantly improved following the recent corticosteroid injection. The applicant was asked to follow up on a p.r.n. basis. There was no mention of the need for physical therapy involving the knee. The remainder of the file was surveyed; it did not appear that the March 18, 2015 progress note and/or associated RFA form on which the 12 sessions of physical therapy for the knee were proposed was 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 2x6 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg - Physical Medicine Guidelines.

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 12 sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The 12 session course of physical therapy at issue, in and of itself, represents treatment 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. Page 98 of the 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 levels, while the MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, clear treatment goals were not furnished. The March 18, 2015 progress note and associated RFA form in which the article in questions was proposed were not incorporated into the IMR packet. It was not stated what was sought. It was not stated why the applicant could not transition to home exercises as this stage in the course of the claim. Therefore, the request was not medically necessary.