

Case Number:	CM14-0101983		
Date Assigned:	10/17/2014	Date of Injury:	01/18/2011
Decision Date:	11/21/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 bilateral knee pain reportedly associated with an industrial injury of January 18, 2011. Thus far, the applicant has been treated with analgesic medications; at least 12 prior sessions of physical therapy, per the claims administrator; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 12, 2014, the claims administrator denied a request for 15 sessions of physical therapy treatment, invoking Non-MTUS Official Disability Guidelines in its denial. It was suggested that the applicant was considering a knee surgery on or around the date in question. The applicant's attorney subsequently appealed. In a physical therapy note dated September 3, 2014, it was acknowledged that the applicant had received six sessions of physical therapy between July and August 2014. In a handwritten note dated May 12, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee and back pain. The applicant's gait was not described. No gross instability was noted. The applicant had no acute neurologic changes, it was acknowledged. The applicant was asked to employ over-the-counter Tylenol and/or Aleve for pain relief and consider bilateral knee arthroscopy if her symptoms deteriorate. Fifteen sessions of physical therapy were sought while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times per week for five weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Knee & Leg Procedure Summary updated 06/05/2014

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

Decision rationale: The applicant has already had prior treatment (12 sessions in 2014 alone, per the claims administrator) seemingly well 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 issue reportedly present here. As further noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue self-directed home physical medicine as an extension of the treatment process. In this case, it appears that the applicant has returned to regular duty work as an apartment manager, has no gross neurological or musculoskeletal deficits, and has no gross instability involving the injured knees. The applicant should, thus, be capable of transition to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, without the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.