MAXIMUS Federal Services

Case Number:	CM14-0029941		
Date Assigned:	06/20/2014	Date of Injury:	08/24/2013
Decision Date:	08/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is represented [redacted] employee who has filed a claim for knee pain reportedly associated with an industrial injury of August 24, 2013. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated February 27, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as six sessions of physical therapy. The claims administrator apparently employed non-MTUS ODG Guidelines in its partial certification, which stated that a six-session trial of therapy was most appropriate here. Somewhat incongruously, however, it is stated that patient had received eight prior sessions of physical therapy through the date of the request. MRI imaging of the right knee of September 9, 2013 was notable for entire menisci with tricompartmental articular cartilage loss suggestive of knee arthritis. On May 12, 2014, the patient was described as having persistent complaints of knee pain. The patient was doing home exercises, but was still reporting knee pain. The patient had BMI of 27. The patient was using Motrin for pain relief. The patient had ACL laxity, it was stated. The attending provider suggested pursuit of diagnostic knee arthroscopy and/or patellar shaving. In May 12, 2014 work status report, the patient was returned to regular duty work, it was suggested. On January 8, 2014, however, the patient was placed off of work, on total temporary disability. On February 18, 2014, the attending provider stated that the patient was placed off of work as earlier physical therapy and Kenalog injections were not successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient physical therapy to right leg (2) times a week for six (6) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f Page(s): 99,8.

Decision rationale: The 12-session course of treatment, in and out 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 issue reportedly present here. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. It is further noted that the applicant had already had at least eight prior sessions of physical therapy treatment as of the date of the request. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant had seemingly failed to improve with eight prior sessions of physical therapy. The applicant had seemingly failed to return to work. The applicant's pain complaints were heightened as opposed to reduced, despite earlier physical therapy. The attending provider apparently reached the same conclusion and suggested that the applicant pursue a surgical remedy. For all of the stated reasons, then the request for additional physical therapy was not medically necessary.