MAXIMUS Federal Services

Case Number:	CM13-0042912		
Date Assigned:	01/22/2015	Date of Injury:	07/08/2011
Decision Date:	02/28/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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, Ohio, 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 July 8, 2011.In a Utilization Review Report dated October 7, 2013, the claims administrator denied a request for additional physical therapy for the knee. The claims administrator referenced an RFA form received on September 24, 2013, in its determination.The applicant's attorney subsequently appealed.In an April 9, 2013 progress note, the applicant reported persistent complaints of knee pain status post a failed total knee arthoplasty. A knee aspiration and culture was performed. The applicant was placed off of work, on total temporary disability, on that date.On April 16, 2013, the applicant reported persistent complaints of knee and low back pain. The applicant had undergone a total knee replacement in "October 2013" the attending provider stated, although the surgical date appears to have been misdated. The applicant was using Norco and Motrin for pain relief. Manipulative therapy was endorsed. The applicant's work status was not clearly outlined.On July 19, 2013, the applicant reported persistent complaints of knee and low back pain. The applicant was using Norco, Ambien, and Motrin. The applicant was apparently ambulating with the aid of a cane. The applicant was using Norco at a rate of six times a day. Motrin and Ambien were also dispensed. The applicant was asked pursue additional chiropractic manipulative therapy and physical therapy. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place.In a medical-legal evaluation dated August 14, 2013, the medical-legal evaluator suggests that the applicant pursue a lumbar epidural steroid injection. The applicant was placed off of work, on total temporary disability.On September 3, 2013, the

applicant's treating provider noted that the applicant had in fact undergone knee replacement surgery on October 2012. 2-9/10 pain was reported. The applicant was on Norco six tablets daily, Motrin, Ambien, baclofen it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 1-2 WEEK X 1 MONTH FOR THE RIGHT KNEE: 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 Functional Restoration Approach to Chronic Pain Management section; Physical Methods topic Page(.

Decision rationale: The applicant was/is well outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3, following earlier total knee arthroplasty surgery in October 2012, as of the date of the utilization review report, October 7, 2013. The MTUS Chronic Pain Medical Treatment Guidelines therefore is applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis 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/is off of work, on total temporary disability, despite having had earlier unspecified amounts of physical therapy. The applicant is still having difficulty performing activities of daily living as basic as ambulating. The applicant was/is using a cane to move about. The applicant remains dependent on opioid therapy and was/is using Norco at a rate of six tablets a day. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior treatment in line with or in excess of MTUS parameters. Therefore, the request for additional physical therapy was not medically necessary.