

Case Number:	CM16-0241231		
Date Assigned:	12/21/2016	Date of Injury:	10/22/2016
Decision Date:	01/19/2017	UR Denial Date:	12/07/2016
Priority:	Standard	Application Received:	12/16/2016

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 29-year-old female who has filed a claim for knee pain reportedly associated with an industrial injury of October 22, 2016. In a utilization review report dated December 7, 2016, the claims administrator partially approved a request for 9 sessions of physical therapy as 6 sessions of the same. The claims administrator referenced a November 29, 2016 date of service in its determination. The applicant subsequently appealed. On an RFA form dated November 30, 2016, an additional 9 sessions of physical therapy were ordered. On an office visit dated October 31, 2016, work restrictions were imposed. The applicant reported ongoing issues with low back and knee pain reportedly associated with an industrial contusion injury. A rather proscriptive 15-pound lifting limitation was imposed. It was not explicitly stated whether the applicant was or was not working with said limitation in place. Overall commentary was sparse. Limited knee range of motion to 80 degrees of flexion was appreciated. On a December 12, 2016 physical therapy progress note, it was stated that the applicant completed 4 physical therapy treatments through this particular request. The applicant was apparently working modified duty, the treating therapist suggested. On November 29, 2016, work restrictions were, once again, renewed. The applicant was having difficulty with pain and swelling about the knee with attendant difficulty standing and walking. The same, unchanged 15-pound lifting limitation was imposed. Additional physical therapy was sought. Unspecified medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine sessions of physical therapy of the right knee was the original request. Six sessions of physical therapy of the right knee was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Three sessions of physical therapy of the right knee is: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: No, the request for 3 additional sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment approved seemingly well in excess of the initial and follow-up visits espoused in the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 338 for education, counseling, and evaluation of home exercise transition purposes for applicants with knee pain complaints, as were/are present here. This recommendation is further qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy and/or physical methods increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated on the November 29, 2016 office visit in question. The fact that the applicant was having continued difficulty standing and walking as of this date, coupled with the fact that the same, unchanged rather proscriptive 15-pound lifting limitation was renewed on said November 29, 2016 office visit, taken together, argued against the applicant's having effected functional improvement in terms of the parameters established in MTUS 9792.20(e) with prior treatment. It did not appear likely that the applicant could stand to gain from further formal physical therapist oversight, going forward. Therefore, the request was not medically necessary.