

Case Number:	CM13-0000672		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2013
Decision Date:	02/20/2014	UR Denial Date:	05/28/2013
Priority:	Standard	Application Received:	06/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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 physician 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 a 43year old woman with a past medical history of anxiety who sustained an injury while working on 1/17/13. She was subsequently diagnosed with bilateral contusions of the knees and cervical strain. She had a CT of the head that was unremarkable on 1/22/13. She was treated on multiple occasions by [REDACTED] who prescribed Physical Therapy (PT) for continued pain. The patient received 12 PT sessions with good results. The initial order for PT was written on 1/30/13. The PT notes document that the patient was having less pain and was showing functional improvement with the treatment. She received active and passive therapy. A second order for six additional sessions of PT was made on 5/17/13. On 5/19/13 she was discharged from [REDACTED] care with a diagnosis of "cured" with a clearance to return to work without restrictions. The additional six sessions of PT treatment were denied on 5/28/13 as not medically necessary. The physician progress notes, physical therapy notes, and the UR denial letter and the PR2 form were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for PT x 6: Upheld

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

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

Decision rationale: The patient has received 12 sessions for the diagnosis of knee pain and cervical strain. According to the MTUS, section on Chronic Pain, Physical Medicine pages 98 and 99, with regards to Physical Therapy it is appropriate to allow for a tapering treatment frequency that includes active self-directed home Physical Medicine. The patient had improved with regards to pain control and physical exam showed a normal range of motion of the cervical spine and improved range of motion of the knee with minimal tenderness. She participated in active therapy and was able to do so without an increase in pain. After the initial sessions of PT for neck and knee pain it was reasonable for her to continue self-directed home Physical Medicine. She was discharged from [REDACTED] care on 5/19/13 and noted as being "cured". It is not medically necessary to participate in a further six sessions of PT.