

Case Number:	CM13-0001764		
Date Assigned:	05/02/2014	Date of Injury:	09/13/2012
Decision Date:	07/08/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/17/2013

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. The expert reviewer is Board Certified in Internal Medicine Pulmonary Diseases 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 injured worker is a 56-year-old female who reported a fall on 09/13/2012. In the clinical note dated 08/28/2013, the injured worker stated she had noticed some improvement in her symptoms. It was noted that the injured worker had been on a gluten-free diet of which she had lost weight and felt that there was less inflammation in her leg. The physical examination of the right hamstring revealed some slight tenderness around the area and healing right hamstring repair. The diagnosis included healing right hamstring repair. The treatment plan included a return to work with modified duty which included no kneeling or squatting, to limit lifting, pulling and pushing to 5 pounds, and limit stooping or bending. The injured worker was to follow-up in 6 weeks and a request for more physical therapy and order for her to work on the range of motion and strengthening. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines state that physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In the clinical note provided for review, there was a lack of documentation of the progress of the injured worker in physical therapy. In the MTUS guidelines it is stated that injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In the documentation provided for review, there was a lack of documentation of any home exercise programs instructed for the patient to participate in. Therefore, the request for 12 physical therapy visits is not medically necessary and appropriate.