

Case Number:	CM13-0006063		
Date Assigned:	08/26/2013	Date of Injury:	07/29/1998
Decision Date:	01/13/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/02/2013

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 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 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 applicant, [REDACTED], is a represented [REDACTED] employee, who has filed a claim for bilateral knee pain reportedly associated with an industrial injury of July 29, 1998. Thus far, he has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; extensive periods of time off from work; and several MRI imaging studies of the ankle, apparently notable for degenerative changes and osteochondral defect of uncertain clinical significance. In a utilization review report of July 17, 2013, the claims administrator denies a request for 12 sessions of physical therapy. The applicant's attorney appealed on August 2, 2013. However, no clinical progress notes were attached to the request for authorization. The only note on file is a prior agreed medical evaluation of June 6, 2002.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left ankle, three times a week for four weeks (twelve total): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The request for 12 sessions of physical therapy for the ankle alone represents treatment in excess of a 9- to 10-session course endorsed on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines physical medicine topic on pages 98 and 99 endorse tapering or fading the frequency of physical therapy over time, active modalities, active therapy, and self-directed home physical therapy. All of the above are appropriate, given the chronicity of the applicant's complaints. It is further noted that no recent clinical progress notes were attached to the request for authorization so as to try and make a case for a variance from the guidelines here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.