

Case Number:	CM13-0007187		
Date Assigned:	12/04/2013	Date of Injury:	07/10/2007
Decision Date:	01/24/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine & Rehabilitation, 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 patient is a 55-year-old male who reported an injury on 07/10/2007. The mechanism of injury was not provided. The patient was noted to have complaints of increased right foot pain and it was noted the patient's shoulder, left hand, low back, and right knee continued to bother him and the patient was noted to have fallen. The patient's diagnoses were noted to include cervical and thoracic strains, multilevel lumbar disc desiccation and bulging, right shoulder strain with possible labral tear, right knee pain and left knee pain following arthroscopy, and right toe contusion/sprain. The request was made for physical therapy 3 x 5 right knee and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 5 right knee and right foot: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing

soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. According to the medical records provided, the examination of the right knee revealed a patellar tendon was that was tender to palpation and had mild swelling. The examination of the right ankle/foot revealed tenderness about the distal interphalangeal joint of the toe. There was noted to be mild joint swelling. The employee was noted to have pain with range of motion and walk with a limp and use a cane. The clinical documentation submitted for review failed to provide prior documentation of previous physical therapy sessions, the number of therapy sessions and the employee's positive functional response. Given the above and the lack of documentation, the request for physical therapy 3 x 5 right knee and right foot is not medically necessary.