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| Case Number: | CM13-0014445 | | |
| Date Assigned: | 10/03/2013 | Date of Injury: | 12/29/1995 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

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 Therapy 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 is a represented [REDACTED] employee, who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of December 29, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim, unspecified amounts of acupuncture over the life; and at least one prior lumbar epidural steroid injection at some point in the 2005 and 2006 timeframe. In a utilization review report of August 5, 2013, the claims administrator denied a request for eight sessions of physical therapy. The applicant's attorney later appealed, on August 19, 2013. An earlier progress note of July 8, 2013 is notable for comments that the applicant reports persistent knee pain, low back pain, and sleep disturbance. The applicant has tingling and numbness of the legs. The medical records indicate that a Synvisc injection was performed. The applicant's work status is not detailed or specified. Eight sessions of physical therapy were previously ordered on July 1, 2013 and on June 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the lumbar spine.: 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 Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment guideline does endorse a general course of 9 to 10 sessions of treatment for myalgia and/or myositis of various body parts. The MTUS also endorses active therapy, active modalities, tapering or fading the frequency of physical therapy over time and/or emphasizing the importance of self directed home physical medicine. In this case, it was not clearly stated how much cumulative therapy the employee had had over the life of the claim. It appears that several different orders for therapy were written at various points in June, July and August of 2013. It is unclear whether the employee completed therapy. There is a lack of documentation following completion of prior unspecified amounts of physical therapy and lack of documentation on the applicant's present work and functional status. The request for eight sessions of physical therapy is not medically necessary.