

Case Number:	CM13-0017726		
Date Assigned:	10/11/2013	Date of Injury:	09/09/2008
Decision Date:	02/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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 is a represented [REDACTED], who has filed a claim for chronic neck, low back, and knee pain reportedly associated with industrial injury of September 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, including at least six sessions in late 2013 alone; prior left knee surgery in July 2010; attorney representation; unspecified amount of chiropractic manipulative therapy; a cane; and work restrictions. It is unclear whether the applicant's limitations have been accommodated by the employer or not. In a Utilization Review Report of August 20, 2013, the claims administrator denied a request for additional physical therapy on the grounds that it was not clear how much prior therapy the applicant had had over the life of the claim. The applicant's attorney later appealed. Earlier handwritten notes of November 7, 2013 and September 3, 2013 are somewhat difficult to follow, notable for ongoing complaints of pain, and notable for knee pain and crepitation. X-rays of the knee apparently demonstrated a low-grade arthritic changes. The applicant was returned to light duty work on both occasions. Again, it is unknown whether these limitations are accommodated by the employer or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy sessions for the 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): 99.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are endorsed. The MTUS also recommends tapering or fading the overall frequency of treatment over the life of the claim. In this case, the applicant had already had six prior sessions of physical therapy in mid to late 2013. The applicant was described as ambulating independently and having transitioned to home exercise program after completion of the same. The six-session course being proposed by the attending provider was not consonant with the injunction in the MTUS to taper or fade the frequency of treatment over time. Therefore, the request is not certified