

Case Number:	CM13-0017962		
Date Assigned:	11/06/2013	Date of Injury:	10/25/2012
Decision Date:	01/17/2014	UR Denial Date:	08/28/2013
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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery, 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 27-year-old female who reported an injury on 10/25/2012. The patient was recently seen by [REDACTED] on 10/23/2013. The patient presented for her eighth acupuncture session. The patient reported a 30% reduction in chronic low back pain. Physical examination revealed 80 degrees of lumbar flexion and 30 degrees of extension. Treatment recommendations included continuation of current treatment and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one (1) time per week for five (5) weeks for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for the fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active,

self-directed home physical medicine. The latest physical examination of the right foot was dated 05/09/2013. The patient had completed 9 sessions of physical therapy from 03/26/2013 through 05/09/2013. The patient reported decreased pain and improved function. Physical examination revealed 5/5 strength with an improved gait pattern. The patient was compliant with a home exercise program. Documentation of a significant musculoskeletal or neurological deficit that would require ongoing skilled physical medicine treatment was not provided. Based on the clinical information received, the patient does not currently meet the criteria for ongoing skilled physical medicine treatment. As such, the request is non-certified.