

Case Number:	CM13-0021816		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2012
Decision Date:	02/19/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 61-year-old female who was injured in a work related accident on 11/14/12. Clinical records for review included a recent progress report on 07/12/13 by [REDACTED] documenting the diagnosis of a lumbar strain with radiating pain to the lower extremities, bilateral wrist strain, bilateral knee strain, bilateral ankle strain, and depression and anxiety. It also noted at that time the claimant had recently completed 12 sessions of physical therapy and reported 50 percent improvement of her knee complaints and 25 percent improvement of her low back complaints. Physical examination showed continued tenderness to palpation of the bilateral wrists and hands and lumbar examination demonstrated tenderness to palpation with negative straight leg rising. Additional physical therapy for 12 sessions was recommended based on the claimant's current clinical presentation. Clinical imaging was not documented or available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical therapy; 12 sessions (2x6), lumbar spine, both knees and both wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, 12 additional sessions of therapy to the lumbar spine, bilateral knees and wrists would not be indicated. Chronic Pain Guidelines indicate that the role of physical therapy in the chronic setting be limited to eight to nine sessions for diagnosis of myalgias or myositis. The clinical records indicate that the claimant had undergone 12 sessions of recent therapy in the chronic setting. At present, there would be no indication for 12 additional sessions of physical therapy or documentation within the medical records as to why the claimant would be unable to transition to an aggressive form of home exercises at this time.