

Case Number:	CM13-0028235		
Date Assigned:	11/22/2013	Date of Injury:	09/13/2011
Decision Date:	02/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/23/2013

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 and 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 51-year-old male who reported an injury on 09/13/2011. The patient is diagnosed with sprain and strain of unspecified parts of the lower extremity and pain in a joint of the lower leg. The patient was seen by [REDACTED] on 09/11/2013. The patient reported ongoing neck, left knee, and right knee pain. Physical examination was not provided. Treatment recommendations included aquatic therapy as well as physical therapy once per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the cervical spine and right knee, two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: 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, range of motion, and can alleviate discomfort. Guidelines allow for a

fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, there is no evidence of a comprehensive physical examination of the cervical spine and/or bilateral knees on the requesting date of 09/11/2013. Physical therapy was also previously requested on 08/08/2013. Documentation of a previous course of physical therapy with treatment duration and efficacy was not provided for review. The medical necessity for skilled physical medicine treatment has not been established. Additionally, the current request for physical therapy twice per week for 6 weeks exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Additional aquatic therapy for the cervical spine and right knee, once per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. As per the documentation submitted, the patient has previously participated in a course of aquatic therapy. Documentation of the previous course of treatment with total treatment duration and efficacy was not provided for review. There is also no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Based on the clinical information received, the request is non-certified.