

Case Number:	CM13-0033769		
Date Assigned:	12/06/2013	Date of Injury:	10/06/2009
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 33 year old male who reported a work-related injury on 10/06/2009, specific mechanism of injury not stated. Subsequently, the patient presents with treatment of the following diagnoses: right knee and right ankle pain complaints. The clinical note dated 08/28/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient, upon physical exam of the right knee and right ankle, revealed good range of motion, and there was minimal pain throughout range of motion. The provider rendered prescriptions for Celebrex 200 mg 1 by mouth daily and Norco 10/325 for breakthrough pain. The provider documented that the patient would complete physical therapy if this had been approved; otherwise, the patient would continue with an independent gym exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week x 4 weeks (12 sessions): Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient continued to present with subjective complaints of right knee and right ankle pain. However, in the most recent clinical notes submitted for review dated 08/28/2013, the provider documented that upon physical exam of the patient's right knee and right ankle, full range of motion was noted. The clinical notes also documented that the patient utilized physical therapy interventions in 05/2013. Duration, frequency and efficacy of the supervised therapeutic interventions were not stated in the clinical notes reviewed. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. As the California MTUS states, "allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active, self-directed home physical medicine."