

Case Number:	CM13-0042029		
Date Assigned:	12/20/2013	Date of Injury:	06/30/2008
Decision Date:	02/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 Texas and Oklahoma. 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 65-year-old female who reported an injury on 06/30/2008. The mechanism of injury was noted to be a fall. Her diagnoses include chronic right knee pain, chronic right hip pain, and chronic low back pain. Her objective findings are noted to include a normal gait, she was noted to almost be able to touch her toes, getting down to 90 degrees, but gets up slowly, pain occurs with extension, straight leg raises were negative, and deep tendon reflexes were equal bilaterally. A 06/05/2013 physical therapy note indicates that the patient had noted 1 day with no pain, which had motivated her to want to continue in physical therapy. It was indicated that she had completed an additional 9 sessions to date. However, her 08/01/2013 office note indicated that physical therapy had not been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine and Rehabilitation evaluation and treatment. Qty 3.00: 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: According to the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended at 9 visits to 10 visits over 8 weeks in the treatment of myalgia and myositis. The clinical information submitted for review indicates that the patient has participated in at least 9 physical therapy visits as it was noted that she had completed an additional 9 visits. However, the exact number of visits the patient has previously participated in is not known. Additionally, the patient's recent physical exam findings failed to indicate specific objective functional deficits at this time. Moreover, it was noted that the physical therapy the patient had previously participated in was not helpful for her. Therefore, additional physical medicine is not supported by evidence based guidelines. As such, the request is non-certified.