

Case Number:	CM13-0047805		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2000
Decision Date:	03/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 47-year-old woman who sustained a work-related injury on January 14, 1999. Subsequently, the patient sustained chronic knee pain. According to the progress note dated on September 16, 2013, the patient pain. Severity was 7/10. Her physical examination demonstrates tenderness over the palpation in the trapezius muscle and lumbosacral region. The patient was diagnosed with knee strain and osteoarthritis. She was treated with massage, pain medication, physical therapy and aqua therapy. Her provider requested authorization for her 10 sessions of physical therapy and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (10 sessions) and pool therapy (10 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Programs Section and Physical Medicine Section Page(s): 31 , 99-100.

Decision rationale: In this case, the benefit of physical therapy approximately 15 years after the acute work related injury is not clear. It is not clear from the request what the goal of more physical therapy is. It is unlikely that more improvement will occur. Therefore the request for

Physical therapy times 10 sessions and pool therapy times 10 sessions is not medically necessary.