

Case Number:	CM13-0049369		
Date Assigned:	12/27/2013	Date of Injury:	11/21/2011
Decision Date:	05/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 55-year-old male who reported an injury on 11/21/2011, after a slip and fall that reportedly caused injury to his left knee. The injured worker's treatment history included multiple medications, exercise, assisted ambulation, modified work duty, and physical therapy. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker was receiving psychiatric support. Physical finding included observation of a slowed gait and use of a cane to assist with ambulation. The injured worker's diagnoses at that appointment included osteoarthritis, cervical disc degeneration, lumbosacral disc degeneration, and depressive disorder. The injured worker's treatment plan included continuation of medications and physical therapy to address the injured worker's acute exacerbation and increase in pain. It was noted that the injured worker had previously participated in physical therapy with positive therapeutic effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT LEG; 6 SESSION: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule does support the use of physical medicine to assist with pain relief. The clinical documentation does indicate that the injured worker has an acute exacerbation of chronic pain. However, the clinical documentation does indicate that the injured worker has previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation did not provide any evidence that the injured worker has failed to respond to any self-directed home exercises to manage this acute exacerbation of chronic pain. Therefore, additional physical therapy would not be supported. As such, the requested physical therapy for the left leg, 6 sessions, is not medically necessary or appropriate.