

Case Number:	CM13-0049607		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2013
Decision Date:	02/26/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 43 -year-old injured worker who was injured on May 20, 2013. The patient continued to experience low back pain and right ankle pain. Physical examination was documented as lumbosacral paraspinal tenderness and right lateral malleolus tenderness. Diagnoses included right ankle sprain/strain and lumbosacral sprain/strain. Treatment included acupuncture, chiropractic therapy, and topical cream. Request for authorization for physical therapy twice weekly for 4 weeks was submitted on October 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Physiotherapy, two times a week for four weeks for the right knee:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities

such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. The Official Disability Guidelines (ODG) states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the patient had injuries to their back and ankle. The request for authorization does not specify which body part is to be treated. Acupuncture and chiropractic therapy had also been prescribed on September 24, 2013. There is no documentation of number of previous treatments or functional improvement if any. The request for Physical Medicine Physiotherapy, two times a week for four weeks for the right knee is not medically necessary and appropriate.