

Case Number:	CM13-0051473		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2000
Decision Date:	03/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pain Management and is licensed to practice in Florida. 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 medical records indicate 6 visits for physical therapy (PT) from 12/2/13 to 12/20/13. The 12/20 visit notes the claimant continues to demonstrate decreased gait velocity. The assessment noted the claimant was "a little better overall". The initial evaluation of 12/2/13 noted problem with constant back pain and goal to return to work. Pain has been present for 13 years. The plan of care was to increase endurance and soft tissue restrictions. Previous physical therapy of 24 visits is noted during the time frame of 10/21/13 to 8/26/13. The last PT visit notes her back was feeling a "bit better" but still had knee pain. It noted the right knee had increased pain but better range of motion (ROM). There is an evaluation by [REDACTED], orthopedic physician, on 10/17/13. It notes right and left knee pain that are improving. It noted physical therapy as helping with range of motion and strengthening but aggravating her pain. Examination noted tenderness of the right trapezius and levator scapula. There is pain with flexion and right spine tenderness. There was reduced range of motion. He requested an additional 16 PT visits for right knee, neck and back. There were no summary reports regarding the specific outcome of the PT sessions performed or report of functional goals to be achieved by additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy X 16 visits for neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The medical records provided for review indicate more than 30 physical therapy sessions completed from 8/26/13 to 12/20/13. Specific objective outcome improvements from the therapy sessions are not noted by the medical records provided for review and specific objective goal measures to be gained from further therapy is not noted. There is no indication as to why the claimant needs further guided therapy as versus transition to home based self directed program.

Physical therapy X 16 visits for right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The medical records provided for review indicate more than 30 physical therapy sessions completed from 8/26/13 to 12/20/13. Specific objective outcome improvements from the therapy sessions are not noted by the medical records provided for review and specific objective goal measures to be gained from further therapy is not noted. There is no indication as to why the claimant needs further guided therapy as versus transition to home based self directed program.