

Case Number:	CM13-0052709		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2012
Decision Date:	05/12/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report of October 25, 2013, the claims administrator denied a request for additional physical therapy, citing a lack of improvement with earlier treatment. The claims administrator suggested that the applicant had had at least eight sessions of physical therapy and 14 sessions of acupuncture over the life of the claim. The applicant's attorney appealed the denial. An earlier handwritten note of October 10, 2013 was notable for comments that the applicant had completed seven of eight sessions of physical therapy. The applicant reported 3-5/10 low back and knee pain. The applicant was placed off of work, on total temporary disability, and asked to pursue an additional eight-session course of treatment. An earlier note of September 12, 2013 was again notable for comments that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99;8.

Decision rationale: The applicant has already had prior treatment (at least eight sessions), seemingly consistent with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia, neuritis, and radiculitis, the issue reportedly present here. In this case, however, there has been no demonstration of functional improvement which would support further treatment beyond the guideline, as noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant is off of work, on total temporary disability. The documentation on file is sparse and somewhat difficult to follow. There is no evidence of reduction in dependence on medical treatment or other parameters which might make a case to support additional treatment beyond the guideline. Therefore, the request for additional physical therapy is not certified.