

Case Number:	CM13-0055958		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2010
Decision Date:	03/17/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice and is licensed to practice in Texas. 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 53-year-old female who sustained an injury on 07/01/2010 when she stepped into a hole and fell. The documentation stated the patient fell again hitting her knee about 3 weeks later. The patient participated in a functional restoration program for unknown number of hours. The outcome of the functional restoration program was not submitted for review. The patient was evaluated on 10/14/2013 which noted the patient had a pain 3/10 on the pain scale to her left knee, leg and foot. The patient noted that she was taking medication Norco and the pain was 8/10 without it. The documentation further noted the patient had participated in 6 sessions of PT in which the patient stated helped a lot. The patient was additionally treated for pain with psychological counseling sessions. The patient stated she did not want to continue psychotherapy as she did not find it to be helpful. There was no documentation submitted for review in regard to the 6 sessions referenced of physical therapy or psychological counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one to two times a week for a total of 6 sessions to the left knee and left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The request for physical therapy times 6 sessions to the left knee and left ankle is non-certified. The documentation submitted for review indicated the patient had participated in a functional restoration program as well as 6 additional sessions of physical therapy with unknown outcome. The California MTUS Guidelines recommend physical therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient assessment on 10/14/2013 did not have physical findings of decreased range of motion, flexibility, endurance, strength, and range of motion. The evaluation submitted for review did not have objective examination findings. As there were no objective findings of previous physical therapy resulting in any significant improvement, there was no supporting evidence for additional physical therapy. Given the information submitted for review, the request for physical therapy times 6 sessions (1-2 times per week) to the left knee and left ankle is non-certified.