

Case Number:	CM13-0056417		
Date Assigned:	02/07/2014	Date of Injury:	11/09/2012
Decision Date:	05/23/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 56-year-old female who reported an injury on November 9, 2012 due to a slip and fall. The injured worker reportedly sustained an injury to her neck and upper back. The injured worker's treatment history included chiropractic care, massage therapy, physical therapy for the neck and hip, and multiple medications. The injured worker was evaluated on October 28, 2013. It was noted that the injured worker suffered from left hip pain. It was noted that the injured worker had participated in physical therapy for the neck and hip that resulted in gradual improvement. Physical findings included mild tenderness to palpation of the medial abductor muscles with good range of motion and slightly decreased hip abductor strength of the left hip. It was documented that the injured worker had made good progress with physical therapy; however, was not a candidate for a home exercise program. The injured worker's diagnoses included hip pain and strain of the abductor muscle. Treatment recommendations included continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS 2 TIMES PER WEEK FOR 5 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends that injured worker's be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate the treating physician does not feel that the injured worker is a candidate for a home exercise program. However, there is no justification for conditions that would preclude further progress of the injured worker while participating in an independent home exercise program. Additionally, it is unclear if the injured worker has previously participated in physical therapy for the back and knee. As there is no documentation of deficits of the cervical, lumbar, and knee, the need for physical therapy cannot be determined. The clinical documentation does provide minimal deficits. However, there is no justification for why these deficits cannot be addressed with an independent home exercise program. The request for physical therapy sessions, twice weekly for five weeks, is not medically necessary or appropriate.