

Case Number:	CM13-0059115		
Date Assigned:	12/30/2013	Date of Injury:	09/03/1996
Decision Date:	04/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/29/2013

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 Internal 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 patient is a 49-year-old female with date of injury on 09/03/1996 with mechanism of injury unknown. The complaints currently are low back pain and left knee pain. The notes state she has had surgery x 3 in the past but dates and outcomes are not documented. For pain, the patient is using Naprosyn. There is report that she has comorbid conditions treated elsewhere. There is report that her symptoms flare off and on. She has also had viscosupplementation of her left knee. There is no clear documentation of how this helped or not for her pain. There is report that the patient has had prior physical therapy for her chronic complaints from the 1996 injury and no documentation as to the outcome are available. Current request is for 12 session of physical therapy for low back and for left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the low back and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines and ODG guidelines do allow physical therapy as an adjunct to treatment of pain conditions, including low back and knee complaints. The usual recommendation is a tapering fashion of physical therapy with transition to home exercise program over the course of time. Usual physical therapy allowance is for 8-10 visits with initial evaluation after 1-2 weeks to assess improvement. This patient has had chronic complaints since 1996 and has had multiple conservative, interventional, and surgical treatment for these conditions. There is lack of any documentation as to prior outcome with physical therapy and there is no report of marked worsening of either condition, nor any report of marked change in pain scores or function to suggest that supervised physical therapy (given past PT usage) will be helpful. As the request is currently written and with lack of documentation provided to support new physical therapy evaluation and supervision, the request for 12 sessions of physical therapy is not medically necessary.