

Case Number:	CM13-0060796		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2004
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 61-year-old female who reported injury on 1/15/04. The patient's diagnoses were lumbar radiculitis and status post total knee replacement on 7/19/11. The documentation dated 11/21/13 revealed the patient was ambulating with a straight cane and had no focal deficits. The request was made for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis, and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to indicate the quantity of sessions the

patient had previously attended. The patient's injury was noted to have been reported on 1/15/04. There was a lack of documentation indicating the patient had objective functional deficits to support the necessity for further therapy. The patient should be well versed in a home exercise program. The request as submitted failed to indicate the duration for the physical therapy as well as the body part to be treated with physical therapy. Given the above, the request for physical therapy is not medically necessary.