

Case Number:	CM13-0065275		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2011
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This case involves a patient with a date of injury of 9/28/11. A utilization review determination dated 11/12/13, recommends the modification of twelve (12) physical therapy (PT) sessions to three (3) sessions. The progress report (PR-2) dated 12/16/13, identifies that the patient has been doing therapy at home, but now feels it has reverted back to where she was, when she was not in PT. The patient takes medications only when the pain is severe, and she has stomach problems when she takes medication. The patient has some low back pain, but less than before. She has pain when walking on the ankle. A foot massage gives temporary relief. On exam, there is tenderness laterally with pain on eversion. The gait is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines MTUS/Physical Medicine.. Decision based on Non-MTUS Citation ACOEM Guidelines, the ODG/Physical Therapy Guidelines

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

Decision rationale: The Chronic Pain Guidelines indicate that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of the completion of extensive prior physical therapy (PT) sessions, but there is no documentation as to why any remaining functional deficits cannot be addressed within the context of an independent home exercise program. Yet, the patient is expected to improve with formal supervised therapy. Furthermore, the guidelines supports only up to ten (10) PT sessions for this injury. In light of the above issues, the request is not medically necessary.