

Case Number:	CM13-0070221		
Date Assigned:	01/08/2014	Date of Injury:	12/13/2000
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 58 year old female who reported an injury to her lower back and right knee on 12/13/2000. The mechanism of injury was not submitted in the documentation. The clinical note on 11/11/2013 reported during the physical exam she had some limited left hip flexion, but nothing else was documented for range of motion in the back and the knee. The same report revealed past physical therapy attempts had all failed. The physical therapy note on 09/18/2013 revealed she had also had therapy in 2007 and 2008. However, there have not been any documents submitted to report the validity or quantity of the previous physical therapy sessions. Among the submitted documents there is a RFA dated 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF PHYSICAL THERAPY FOR THE BACK AND RIGHT KNEE:

Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy for the restoration of functional deficits. Moreover, the guidelines indicate physical therapy be used in the early stages of injury for 8-10 visits over 4 weeks. The injured worker has already had multiple undocumented sessions of therapy dated as early as 2007 and were charted as unsuccessful. The request in this case would exceed the recommended number of visits. Also, there is a lack of clinical evidence that supports functional deficits in the back and the knee. The request for physical therapy for the back and right knee is not medically necessary and appropriate

PHYSICAL THERAPY RE-EVALUATION TWICE A WEEK FOR FIVE WEEKS:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary treatment is not medically necessary, none of the associated services are medically necessary.