

Case Number:	CM14-0013514		
Date Assigned:	02/26/2014	Date of Injury:	08/04/2012
Decision Date:	08/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery 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 30-year-old female with an 8/4/12 date of injury when she attempted to transfer a 200 pound individual, tripped, falling on her knee. The patient sustained injuries to the right hip, lumbar spine, right foot, and left foot/ankle. The 11/19/13 treatment plan discussed a steroid injection to the knee, as well as a course of physical therapy. The 12/31/13 note describes severe low back and right hip pain (10/10) with radiation to the mid back and distally about the posterior aspect of the right hip and right knee with numbness and tingling in the foot/toes. The patient also describes severe right knee pain, as well as anxiety, depression, insomnia, and nervousness. It was noted that the patient was approved for physical therapy, but had not yet attended. Physical therapy was once more recommended. The 2/11/14 progress note described ongoing severe low back pain, severe hip pain on the right, and severe right knee pain. There is reduced range of motion in all painful body parts, as well as tenderness to palpation. Straight leg raising was positive bilaterally. Treatment plan discussed arthroscopy of the right hip, arthroscopy of the right knee, medication, and physical therapy following surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 X 6: 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 based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004).

Decision rationale: Medical necessity for the requested physical therapy is not established. This request previously received an adverse determination due to lack of specification of the body part to be addressed in physical therapy. The request is for additional physical therapy, however it is unclear how many sessions of physical therapy had been completed in the past. Guidelines require documentation of functional improvement from rendered treatment before additional physical therapy is found medically reasonable. This has not been addressed in the context of this appeal. Progress notes dating the prior adverse determination described necessity for surgical treatment, and postoperative physical therapy, but did not address the prior request for physical therapy. The request is not substantiated and is not medically necessary.