

Case Number:	CM14-0118615		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2013
Decision Date:	10/02/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family 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:

This is a 49-year-old female patient who reported an industrial injury on 11/12/2013, ten (10) months ago, attributed to the performance of her usual and customary job tasks reported as a slip and fall striking your head on a door.. The patient complains of left knee, neck, bilateral hand pain, and lower back pain. The patient had been treated with physical therapy; medications; chiropractic care; and acupuncture. The treatment plan included the purchase of a home dual muscle stimulator with supplies and six (6) additional sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits with evaluation and re-evaluation for the head, left knee, cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT; Knee chapter PT

Decision rationale: The request is for authorization of six (6) additional sessions of PT to the neck, knee and back ten (10) months after the DOI exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy ten (10) months after the cited DOI with no documented weakness or muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of six (6) sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is documented with no signs of weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the neck, knee, and back ten (10) months after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested six (6) sessions of PT over a self-directed home exercise program as recommended for further conditioning and strengthening. The patient is documented to have received prior sessions of PT, chiropractic physiotherapy, and acupuncture. The CA MTUS recommend up to nine (9) sessions of physical therapy over 8 weeks for the knee for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine rehabilitation subsequent to lumbar/cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence-based guidelines.