

Case Number:	CM14-0026493		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2008
Decision Date:	08/11/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old female was reportedly injured on January 24, 2008. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of low back and bilateral knee pains. The physical examination demonstrated a slow gait pattern with a walker. Diagnostic imaging studies were not presented for review. Previous treatment included knee arthroscopy, multiple medications and physical therapy. A comorbidity of osteoarthritis, hypertension, hypercholesterolemia, diabetes and morbid obesity was also noted. A request was made for physical therapy and a walker for home use and was not certified in the pre-authorization process on January 30 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT PHYSICAL THERAPY 3 TIMES PER WEEK OVER 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: When considering the date of injury, the rather marginal findings reported on physical examination, there was insufficient clinical data presented to support the need for additional physical therapy. Multiple sessions of physical therapy have been completed in the past. While noting there were significant comorbidities, there is no medical narrative presented to establish the medical necessity of such additional treatment plan.

PURCHASE OF A WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
:Functional Improvement Measures Page(s): 48 of 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the actual injury sustained, and the minimal physical examination findings, there was insufficient clinical data presented to support the medical necessity of such a device. Furthermore, it was noted that the injured employee had a walker. As such, the purchase of this device is unclear. Therefore, medical necessity has not been established.