

Case Number:	CM14-0029943		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2000
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology and 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 72 year old female who reported an injury on 02/07/2000 due to an unknown mechanism of injury. The injured worker complained of anxiety, tension, depression, and insomnia due to knee pain. On 09/05/2013 the physical examination revealed a cooperative and polite woman who needs to continue therapy as a way to assess her coping skills as she attempts to forge a new life for herself while dealing with extreme physical limitations. The injured worker had a diagnoses of depressive disorder, panic disorder with agoraphobia. The past treatment included physiotherapy. The current treatment plan is for a retrospective request for 12 physiotherapy sessions (DOS 11/08/2013, 11/13/2013, 11/15/2013, 11/18/2013, 01/13/2014, 01/17/2014, 01/22/2014, 01/27/2014, 01/31/2014, and 02/03/2014). The request for authorization form was dated 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 12 Physiotherapy sessions (DOS 11/8/2013, 11/13/2013, 11/15/2013, 11/18/2013, 01/13/2014, 01/17/2014, 01/22/2014, 01/27/2014, 01/31/2014, 02/03/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines and Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 AND 98-99.

Decision rationale: The request for retrospective request for 12 physiotherapy sessions (DOS 11/08/2013, 11/13/2013, 11/15/2013, 11/18/2014, 01/13/2014, 01/17/2014, 01/22/2014, 01/27/2014, 01/31/2014, and 02/03/2014) is not medically necessary.. The injured worker had a history of chronic knee pain. The CAMTUS guidelines state that in regards to physiotherapy, it is recommend that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The documentation stated that there was improvement of the injured worker's depression and anxiety with the physiotherapy. However, there was no documentation regarding physical therapy type, preferred protocols/treatments, and therapeutic goals. In addition, there was lack of documentation of any functional improvement in her left knee. Due to lack of documentation of physical benefits of the therapy provided the request for 12 physiotherapy sessions is not supported at this time. As such, the request for retrospective request for 12 physiotherapy session (DOS 11/08/2013, 11/13/2013, 11/15/2013, 11/18/2013, 01/13/2014, 01/17/2014, 01/22/2014, 01/27/2014, 01/31/2014, and 02/03/2014 is not medically necessary.