

Case Number:	CM14-0033998		
Date Assigned:	04/23/2014	Date of Injury:	04/11/2005
Decision Date:	07/04/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 Occupational 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:

The patient is a 55 year old female who was injured on 04/11/2005. Mechanism of injury is unknown. Diagnostic studies were not submitted for review. PR-2 dated 12/27/2013 documented the patient is still losing weight. She has not been able to walk as much recently because of left knee pain. The pain levels fluctuate quite a bit. Objective findings reveal weight 240 pounds, down 2 pounds. Diagnoses: Hypertension, Type 2 diabetes, mellitus, Irritable Bowel Syndrome, diarrhea prominent, chronic pain state, Obesity Treatment Plan: Authorization request for physical therapy 2x week x 6 weeks. UR report dated 03/03/2014 denied the request for physical therapy 2 times week for 6 weeks as there are no abnormal physical examination findings or functional deficits to establish the need for supervised therapy. Furthermore, there is no clear documentation of musculoskeletal deficits that need to be addressed within the context of supervised physical therapy rather than rehabilitation in a fully dependent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend physical medicine for chronic pain under certain circumstances. The patient is a 55 year obese female with chronic pain and multiple comorbidities. Request is made for physical therapy times 12 visits. No rationale is provided or body part specified in the provided medical records. There is mention of chronic pain including knee pain though without any details, and no physical examination findings are provided. There is no discussion of past treatment or treatment outcomes. It is not clear if the knee or knees are the requested parts for treatments. Medical necessity is not established. Given the above the request is not medically necessary.