

Case Number:	CM14-0035566		
Date Assigned:	06/23/2014	Date of Injury:	07/25/2013
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 7/25/13. A utilization review determination dated 2/26/14 recommends non-certification of Physical Therapy. Acupuncture was modified from 6 sessions to 4 sessions. 24 sessions of PT and 10 sessions of acupuncture had been utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 to Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013, Knee and Leg: Official Disability Guidelines (ODG) Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, California MTUS supports only up to 10 PT sessions for this injury and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 24 prior PT sessions, but there is no legible documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are

expected to improve with formal supervised therapy. Furthermore, the request exceeds the number of sessions supported by the guidelines and there is no clear rationale for additional sessions despite the recommendations of the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.

Acupuncture 2x3 to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of functional improvement as defined above from the 10 previous acupuncture sessions. In the absence of such documentation, the currently requested acupuncture is not medically necessary.