

Case Number:	CM14-0059166		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2012
Decision Date:	09/03/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 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:

Patient is a 67 year-old female with date of injury 05/01/2012. She has subjective complaints of low back pain listed in the medical document associated with the request for authorization and primary treating physician's progress report dated 03/14/2014. The patient is complaining of stress and anxiety. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the spine with spasm. Range of motion was restricted and Kemp's test was positive. Diagnosis: 1. Right knee internal derangement 2. Right knee degenerative joint disease 3. Left knee strain/sprain 4. Lumbar spine strain/sprain. Patient is status post right knee arthroscopy with partial medial meniscectomy and microfracture of the trochlear groove of the distal femur, 11/08/2012. The medical record shows that the patient has previously undergone 28 sessions of physical therapy. Stress and anxiety have not previously been a compensable part of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physiotherapy (bilateral knees, wrists, lumbar), 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. Directed by MTUS, the patient should have been taught exercises which are to be continued at home. The medical record indicates that the patient has previously undergone 28 sessions of physical therapy. Therefore, the request is not medically necessary.

Consultation with a psychologist (anxiety, stress, insomnia) times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation does support a referral request.