

Case Number:	CM14-0158766		
Date Assigned:	10/02/2014	Date of Injury:	07/22/2013
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of July 22, 2013. A utilization review determination dated September 11, 2014 recommends non-certification of physical therapy. Non-certification was recommended due to lack of benefit noted from previous extensive physical therapy. A report dated May 13, 2014 identifies that the patient underwent physical therapy in October 2013 with improvement. In January 2014, it was noted that the pain had not changed in regards to the patient's right knee. He then underwent knee surgery in March 2014. Current symptoms include low back pain, mid back pain, and occasional right knee pain. His back has felt better since his knee surgery. The note states that he has less and less pain every time he goes to physical therapy. He can do light household activities and takes Vicodin for pain control. Physical examination reveals restricted range of motion in the lumbar spine and right knee. He has normal muscle strength and sensation in the lower extremities. The diagnoses include right knee and groin injury, back and right leg injury, back knee and groin injury, inguinal hernia repair, right knee surgery, psychiatric comorbidity, and chronic pain syndrome. The treatment plan recommends psychiatric consultation/treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 7 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Knee and Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and 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, it is unclear whether the current request exceeds the amount of physical therapy recommended by the guidelines since the number of previous therapy sessions has not been documented. In light of the above issues, the currently requested additional physical therapy is not medically necessary.