MAXIMUS Federal Services

Case Number:	CM15-0123615		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 47 year old female, who sustained an industrial injury on 1/14/2013, after a fall. The injured worker was diagnosed as having lumbar spine disc bulge, cervical spine disc bulges, thoracic spine strain, bilateral elbow strain, bilateral wrist/hand strain, bilateral hip strain, left knee internal derangement. Treatment to date has included diagnostics, acupuncture, pain management, H wave, unspecified physical therapy, and medications. An orthopedic consultation note (2/10/2015) noted recommendation for left knee arthroscopy/chondroplasty. Currently, the injured worker complains of pain in her neck, upper and lower back, bilateral elbows, wrists/hands, hips, and left knee. Physical exam only documented intact sensation. The treatment plan included physical therapy x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions, 1x6 (lumbar spine, left knee): 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): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (total number was not documented but at least 12 was noted) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.