

Case Number:	CM15-0069280		
Date Assigned:	04/16/2015	Date of Injury:	03/22/2010
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 49-year-old male who sustained an industrial injury on 03/22/2010. He reported pain in the low back and left knee. The injured worker was diagnosed as having left knee strain, right ankle strain, low back pain, right wrist pain; rule out triangular fibrocartilage tear, questionable umbilical hernia and vertigo. Treatment to date has included non-steroidal anti-inflammatory medications, and medications for gastrointestinal prophylaxis. Currently, the injured worker complains of pain in the low back, left knee, right ankle, right wrist and left knee. The treatment plan included a recommendation and request for authorization for physical therapy for the low back, left knee and right ankle. Requests for authorization were made for diagnostic MRI's of the low back and right wrist, medications as described above, and physician specialty referrals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x per week x 4 weeks left knee/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic pain involving the low back, left knee, right ankle, and right wrist pain. When seen, there was decreased range of motion of the affected areas and right wrist tenderness. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore is not medically necessary.