

Independent Medical Review Final Determination Letter

182

Dated: 12/31/2013

IMR Case Number:	CM13-0024171	Date of Injury:	09/01/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PT 3X4 FOR LUMBAR SPINE AND BILATERAL KNEES/NON-CERTIFIED BY PA			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

68 y.o female with an injury from 6/3/12 when she tripped over an electrical cord landing on her knees. The patient suffers from chronic low back and knee pains.

8/26/13 UR denial letter indicates that the patient had 12 sessions of therapy authorized previously on July 2013 and that this is for additional therapy request. The treater apparently does not discuss whether or not the patient had those initially authorized PT sessions and what the response was. Therefore, the request for additional therapy were denied.

On 6/12/13, Dr. [REDACTED] first evaluated the patient indicating pains of lower lumbar spine and bilateral knees. Listed diagnoses were lumbar sprain, lumbar radiculopathy and bilateral knee tendinitis. 12 sessions of PT were requested, as well as MRI's of bilateral ankles, EMG/NCV studies of the legs. There were no discussions of prior therapy and the patient's response to prior treatments.

There is a short letter of appeal by Dr. [REDACTED] from 8/27/13, appealing the denied 12 sessions of therapy. The report recognizes the UR letter that points to the lack of documentation regarding response to the initial 12 sessions of therapy. Interestingly, Dr. [REDACTED] simply points out that the panel QME had recommended rehabilitation and PT.

7/16/13, certification letter for 12 sessions of PT, along with certification for all of the requested diagnostics. On 8/16/13, Dr. [REDACTED] issued a letter of referral for 12 sessions of PT. On 8/20/13, [REDACTED] UR has a note for a new order with a date of 8/16/13. It states that the patient was authorized for 12 sessions with 1 session completed. No other reports are provided. No therapy notes are included.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical therapy sessions times 12 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient was initially evaluated by Dr. [REDACTED] on 6/12/13. He requested 12 sessions of PT which was authorized by UR on 7/16/13. Then, Dr. [REDACTED] issued a letter of referral for PT on 8/16/13. 4 days later on 8/20/13, [REDACTED] picks up another request for PT 12 sessions which was subsequently denied. From the documentation provided, there is no evidence the treater is requesting more than what is already authorized. Unfortunately, I do not have any other reports to determine whether or not the authorized 12 sessions of therapy have been provided. However, treating the current request as additional therapy, recommendation is for denial. The patient was already authorized for 12 sessions and there is no need to provide any additional therapy treatments for the given diagnosis of strain/sprain and tendinitis. MTUS allows up to 10 sessions for these kind of diagnosis and the patient has been already authorized for 12.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

==

[REDACTED]

CM13-0024171