

Case Number:	CM13-0021630		
Date Assigned:	11/13/2013	Date of Injury:	12/06/2004
Decision Date:	02/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation 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. 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 47 year-old female with a 12/06/04 cumulative trauma industrial injury. The diagnoses, according to the 8/7/13 medical report, include: C5/6 DDD (degenerative disc disease); right shoulder partial RC (rotator cuff) tear; left wrist strain; left knee meniscal tear s/p left knee arthroscopy; compensatory right knee pain, grade 3 tear, posterior horn medial meniscus right knee by MRI on 1/21/09; s/p right knee arthroscopic partial medial, lateral meniscectomy on 6/19/09; s/p fall on right wrist with bone contusion on 7/26/09; severe bilateral CTS (carpal tunnel syndrome) by EMG 9/17/09; s/p right CTR 1/11/10; s/p left CTR 6/17/10; lumbar strain; internal diagnoses; s/p P&S by AME 2/2011; s/p (status post) Synvisc One injection right knee on 10/26/11; s/p Synvisc One injection right knee on 4/17/13. The IMR application shows a dispute with the 8/27/13 UR decision, which is from [REDACTED], and was for non-certification for PT 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks: Upheld

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

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

Decision rationale: The physician reports the patient has not had PT (physical therapy) for several months, and continues to be symptomatic. There was no indication of the amount of prior PT or functional outcome. MTUS recommends 8-10 sessions of PT for various myalgias and neuralgias. The request for PT x 12 sessions will exceed MTUS recommendations.