

Case Number:	CM13-0033725		
Date Assigned:	12/06/2013	Date of Injury:	02/25/2009
Decision Date:	02/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 68-year-old female who reported an injury on 02/25/2009 after tripping over an electric cord causing a fall to the ground. The patient reportedly experienced pain in her bilateral knees, left shoulder, and neck. The patient reported an additional injury on 08/01/2010 after attempting to open a metal gate that was stuck and reportedly caused injury to her right shoulder and mid back. The patient was treated conservatively with physical therapy and medications. The patient's most recent clinical evaluation stated that the patient had completed 9 out of 12 sessions of physical therapy with increased function and range of motion and flexibility. However, the patient had continued pain complaints rated at a 10/10 that was reduced to a 2/10 with medications. The patient's most recent physical exam findings included tenderness and swelling over the medial and lateral joint lines of the right knee with a positive McMurray's and range of motion described as 110 degrees in flexion and 5 degrees in extension. The patient also had tenderness to palpation over the paraspinal musculature with positive spasming and decreased range of motion secondary to pain. The patient's diagnoses included right knee internal derangement, and a cervical and thoracic sprain/strain. The patient's treatment plan included additional physical therapy and continuation of medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested additional physical therapy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has completed 9 out of 12 therapy sessions that have provided increased range of motion and flexibility. Although the clinical documentation submitted for review does indicate that the patient has continued deficits that would benefit from active therapy, the patient has an additional 3 visits where these deficits could be addressed. The California Medical Treatment and Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does provide evidence that the patient has an additional 3 visits to be transitioned into a home exercise program. There are no barriers noted within the documentation to preclude further progress of the patient while participating in an independent home exercise program. As such, the requested 8 sessions of additional physical therapy is not medically necessary or appropriate.