

Case Number:	CM13-0042538		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2013
Decision Date:	02/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/19/2013

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:

The patient is a 34-year-old female who reported an injury on 01/02/2013. The patient is diagnosed with right shoulder pain, bilateral knee pain, and bilateral carpal tunnel syndrome. The patient was seen by [REDACTED] on 09/18/2013. Physical examination was not provided. Treatment recommendations included continuation of anti-inflammatory medication and additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in physical therapy.

Documentation of significant functional improvement was not provided. A more recent rehabilitation progress report dated 09/23/2013 indicated that the patient has continued to report persistent pain in bilateral knees and right shoulder. The patient made very minimal gains with range of motion, and strength remained 4/5. Based on the clinical information received, the request for Physical therapy 2x4 is not medically necessary and appropriate