

Case Number:	CM13-0043085		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2011
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert 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 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/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 57-year-old female who reported an injury on 4/8/11. The mechanism of injury was not provided in the medical records. Review of the medical record reveals that the patient's diagnosis is osteoarthritis of the lower leg, and calcifying tendonitis of the shoulder. The most recent clinical documentation dated 12/17/13 reports that the patient continues to complain of left wrist, right shoulder, and knee pain. She reports gastrointestinal issues from medications, and would like to use topical medications to avoid gastrointestinal issues. The patient reported a loss of strength in her upper body due to pain which limits her function and activities of daily living activities. The patient found physical therapy for her knee helpful during the four sessions provided. She was able to lift less than one pound on the left and less than ten pounds on the right upper body. The patient continues to drop items due to loss of strength. Objective findings upon examination include tenderness to palpation in the upper extremities. The patient is able to transfer without assistance and ambulate with stiff, non-antalgic gait. The patient has limited range of motion of the right shoulder to 75% of the left shoulder. There is tenderness noted to palpation of the knees, medial aspect on the right greater than the left. There is positive bilateral cracking and clicking noted. The patient has received 38 prior physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS: Upheld

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

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

Decision rationale: Per the California MTUS guidelines, physical medicine is based on the philosophy that therapeutic activity is beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. It is stated in the medical record that the patient has received 38 prior physical therapy sessions. There is no documentation of any significant functional gain with prior physical therapy sessions provided in the medical record. The requested service is for 12 physical therapy sessions, and, per the California MTUS guidelines for the patient's diagnosis, the recommended number of physical therapy sessions would be 9-10 visits over 8 weeks. As the requested number of physical therapy sessions exceeds that which is recommended per California MTUS Guidelines, and there is no documentation of significant functional gain or decrease in the patient's complaints of pain with the prior physical therapy, medical necessity cannot be determined at this time. Therefore, the request for 12 physical therapy visits is non-certified