

Case Number:	CM13-0043993		
Date Assigned:	06/09/2014	Date of Injury:	02/15/2008
Decision Date:	08/19/2014	UR Denial Date:	10/15/2013
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:

This is a 47-year-old female patient with a 2/15/08 date of injury. The mechanism of injury was not provided. A progress report dated on 5/5/14 indicated that the patient complained of pain in the bilateral knees, tailbone, lower back and left shoulder. Physical exam revealed bilateral patellofemoral crepitus and grinding within the knees. She was working modified-duty. She was diagnosed with osteoarthritis of the lateral compartment of both knees, including patellofemoral joint, adhesive capsulitis of the left shoulder, right hip labral tear, and lower back strain. Treatment to date includes medication management and Supartz injection of the knee. There is documentation of a previous 10/15/13 adverse determination in which the request was modified from 12 PT session to 6 PT sessions based on the fact that guidelines support a trial of physical therapy for specifically identified musculoskeletal conditions as been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, EVAL AND TREAT: QTY 12: 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 Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient presented with the pain in his bilateral knees, tail bone, lower back and right shoulder. There was documentation of pain relief following knee injection. However, this patient has a 2008 date of injury, and likely has had prior physical therapy. There is no description of functional improvement or gains in activities of daily living from prior physical therapy sessions. It is unclear why the patient is not compliant with a home exercise program since the patient is now 6 years s/p the initial date of injury. In addition, the location of the body that the physical therapy is being requested for is not indicated. Therefore, the request for physical therapy, eval and treat: qty 12, as submitted, was not medically necessary.