

Case Number:	CM13-0058050		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2012
Decision Date:	05/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Pain Management, 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 female patient with the date of injury of December 6, 2012. A progress note dated October 17, 2013 identifies subjective complaints of headaches and bilateral knee pain, and she rated her pain level at 7/10 with medications. Physical examination identifies limited lumbar spine range of motion, positive shoulder depression test, bilateral suboccipital region spasms, and bilateral knee limited range of motion with flexion at 130° on the right and 120° on the left. Bilateral knee extension was within normal limits, quadricep and hamstring muscle strength was 4 out of 5 bilaterally, and McMurray's test was positive bilaterally. Diagnoses include head contusion, acute cervical/thoracic strain, bilateral shoulder strain, left knee contusion, and left knee strain. The treatment plan recommends physical therapy of the left knee at twice a week for four weeks, continuation of Tramadol for pain, and continued work restrictions (no lifting more than 5 pounds). A progress note dated November 18, 2013 identifies subjective complaints of continued headache with cervicogenic origin, continued cervical spine pain, bilateral shoulder and left knee pain, and a pain level of 7/10 scale with medications. The objective findings included cervical spine tenderness to palpation, full active range of motion of the cervical spine, tenderness to palpation of the right shoulder, limited range of motion in all planes of the right shoulder, tenderness to palpation of the left shoulder, global decreased range of motion of the left shoulder, tenderness for patient of the left knee over the medial joint line, full extension and limited flexion at 120° with pain of the left knee, and 4 out of 5 muscle strength of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions. Within the documentation available for review, no documentation of specific objective therapeutic goals, no statement of preferred protocols or treatments, no mention of safety precautions, and no statement indicating why an independent program of home exercise would be insufficient to address objective deficits. Additionally, it is unclear if any of the patient's previous physical therapy sessions have addressed the knee complaints, and if so whether they provided any objective functional improvement. In the absence of clarity regarding those issues, the current request for eight physical therapy sessions is not medically necessary.