

Case Number:	CM13-0058442		
Date Assigned:	12/30/2013	Date of Injury:	01/29/2013
Decision Date:	03/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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:

This 54 year old female Vegetable Sorter sustained a slip and fall injury on 1/29/13 while employed by [REDACTED]. Request under consideration include physical therapy 3x6 right shoulder, LS, Lt Knee. Diagnoses included lumbar sprain/ strain; Knee & Leg sprain/ strain unspecified; and shoulder & upper arm sprain/ strain unspecified. Report of 10/22/13 from provider noted patient has history of diabetes mellitus and hypertension who worked as a vegetable sorter. The patient complained of 9/10 scale neck, right shoulder, low back, and left knee pain that had worsened than previously noted. She is not working and is taking medications. Exam showed 5' 200 pounds (BMI 39.1) female, appearing very stiff with slow movements walking with a cane. Exam of right shoulder showed ff 100, abd 100, IR 50 and ER 60 degrees; decreased grip strength; lumbar spine showed positive SLR at 90 degrees sitting and 40 supine; slight decreased L4-S1 motor and sensory exam; left knee with medial joint line tenderness with range of 0-90 degrees. Diagnoses included cervical sprain/strain with degenerative disc disease with multi-level degenerative disc disease; right shoulder impingement syndrome; multi-level lumbar degenerative disc disease with radiculopathy; left knee meniscal tear and pre-existing osteoarthritis; morbid obesity. Treatment plan included 18 land and pool therapy, weight loss, medications, and TTD status. The request for 18 PT visits was modified for 10 visits with transition to HEP citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 Right Shoulder, LS, Lt Knee: Upheld

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

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

Decision rationale: This 54 year old female Vegetable Sorter sustained a slip and fall injury on 1/29/13 while employed by [REDACTED]. Request under consideration include physical therapy 3x6 right shoulder, LS, Lt Knee. Diagnoses included lumbar sprain/ strain; Knee & Leg sprain/ strain unspecified; and shoulder & upper arm sprain/ strain unspecified. Report of 10/22/13 from provider noted patient has history of diabetes mellitus and hypertension who worked as a vegetable sorter. The patient complained of 9/10 scale neck, right shoulder, low back, and left knee pain that had worsened than previously noted. She is not working and is taking medications. Exam showed 5' 200 pounds (BMI 39.1) female, appearing very stiff with slow movements walking with a cane. Exam of right shoulder showed ff 100, abd 100, IR 50 and ER 60 degrees; decreased grip strength; lumbar spine showed positive SLR at 90 degrees sitting and 40 supine; slight decreased L4-S1 motor and sensory exam; left knee with medial joint line tenderness with range of 0-90 degrees. Diagnoses included cervical sprain/strain with degenerative disc disease with multi-level degenerative disc disease; right shoulder impingement syndrome; multi-level lumbar degenerative disc disease with radiculopathy; left knee meniscal tear and pre-existing osteoarthritis; morbid obesity. Treatment plan included 18 land and pool therapy, weight loss, medications, and TTD status. The request for 18 PT visits was modified for 10 visits with transition to HEP citing guidelines criteria. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports has not demonstrated evidence of functional benefit with unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee was certified 10 PT visits with transition to an independent home exercise program. Further therapy sessions is not recommended per the Guidelines without demonstrated evidence of functional improvement. The physical therapy 3x6 right shoulder, LS, Lt Knee is not medically necessary and appropriate.