

Case Number:	CM13-0068871		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2010
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Interventional Spine 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 66 year old female with a date of injury of 10/04/2010. The listed diagnoses are: 1) Bilateral knee strain, degenerative osteoarthritis, right knee worse than left. 2) Residual rotator cuff tendon tear, left shoulder, with residual impingement syndrome. 3) Lumbosacral sprain/strain, degenerative disc disease L5-S1 with grade II listhesis. According to report dated 10/25/2013, the patient presents with left shoulder, low back and bilateral knee pain. Examination reveals abnormal gait, difficulty walking on heels with significant limp on right side. Range of motion of the lumbar spine is decreased on flexion and extension. Examination of the knee reveals positive crepitus on right and bilateral medial joint line tenderness. Treater states patient has not been afforded medical treatment to the lumbar spine and knee and further states there is documentation patient had symptoms in these areas immediately following the injury. Treater is requesting 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Visits for Low Back: 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 98, 99.

Decision rationale: This patient presents with left shoulder, low back and bilateral knee pain. The treater is requesting 12 physical therapy sessions for the lumbar spine and bilateral knees. For physical medicine, the MTUS guidelines pg 98, 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Medical records indicate in 2010 the patient received 8 weeks of physical therapy for plantar fasciitis and in 2011 received 38 post operative PT for the left rotator cuff repair. In this case, it does not appear the patient has had physical therapy for the lumbar spine or bilateral knees. A course of 9-10 sessions may be indicated consistent with MTUS guidelines. However, the treater is requesting 12 visits which exceed what is recommended by MTUS for this type of condition. Recommendation is for denial.