

Case Number:	CM14-0004716		
Date Assigned:	01/22/2014	Date of Injury:	08/18/2011
Decision Date:	06/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 & 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 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 43-year-old female with a date of injury of 08/18/2011. According to report dated 12/09/2013 by [REDACTED], the patient presents with continued neck, elbow, and knee pain. The treating physician notes the patient has not had full therapy for the right elbow. Examination of knees showed the patient has full range of motion with minimal amount of palpable tenderness, anterior and posterior Drawer tests are benign. Examination of the right elbow showed tenderness over the condyles and range of motion is well preserved. The treating physician is requesting physical therapy to the right elbow twice a week for 6 weeks, continued physical therapy for the bilateral knees and follow-up visits with primary treating physician, [REDACTED], every 4 to 6 weeks. Report 10/24/2013 by [REDACTED] states the patient continues with complaints of pain and is currently receiving physical therapy and is doing well with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO BILATERAL KNEES 2 X WEEK FOR 6 WEEKS QTY. 12:
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 MEDICINE Page(s): 98-99.

Decision rationale: For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions for myalgia and myositis type symptoms. In this case, review of records indicates the patient received 11 physical therapy visits to address the bilateral knees pains between July and December of 2013. The treating physician does not explain why additional therapy is needed. No progress is discussed regarding the patient's response to prior therapy. Recommendation is for denial.

PHYSICAL THERAPY TO THE RIGHT ELBOW 2 X WEEK FOR 6 WEEKS QTY. 12:
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 MEDICINE Page(s): 98-99.

Decision rationale: Report 12/09/2013 by [REDACTED] indicates that the patient has not had physical therapy to address the right elbow issues. Medical records indicate the patient has had of physical therapy only addressing the bilateral knees. In this case, a short course of 9 to 10 sessions for the right elbow may be indicated. However, the treating physician is requesting 12 sessions which exceeds what is recommended by MTUS. For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions over 8 weeks. Recommendation is for denial.

ONGOING FOLLOW UP VISITS WITH PTP [REDACTED] EVERY 4-6 WEEKS:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: For follow up visits, ACOEM chapter 12 page 303 states that patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Given the patient's continued complaints, follow up visits with the patient's primary care physician is recommended as medically necessary.