

Case Number:	CM14-0010329		
Date Assigned:	02/21/2014	Date of Injury:	01/29/2013
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal Medicine 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 an injured worker with a primary diagnosis of lumbar sprain and strain. Date of injury was 01-29-2013. Comprehensive orthopedic re-evaluation dated January 21, 2014 was provided by [REDACTED]. The subjective complaints include moderate neck pain with headaches constantly, right shoulder pain, severe lower back pain, and moderate knee pain. Clinical examination states, "The patient's height is 5 feet tall. She weighs 207 pounds and she is 80 pounds overweight. She walks with a cane. She puts a tremendous amount of pressure on her back and knees with her excess weight. She has a waddling gait but it is not antalgic. Jamar Hand grip 47/54/54 50/54/43. Back examination (upper and lower): Straight leg raising test: Sitting straight leg raises Right +80 Left +80. Lying straight leg raises Right +50 Left +50. Knee examination: Range of motion (in degrees) Right 0-90 Left 0-90. Diagnoses included: cervical sprain/strain with degenerative joint disease and degenerative disc disease at multiple levels; right shoulder impingement syndrome; lumbar degenerative disc disease and degenerative joint disease at L4 through S1 with left greater than right radiculopathy and herniated nucleus pulposus of 4-mm at L5-S1; left knee medial meniscus tear; left knee pre-existing osteoarthritis." The treatment plan includes Tramadol, Naprosyn, Prilosec, Fiorice, and the topical creams Ketoprofen, Gabapentin and Tramadol. The utilization review decision dated 01/02/14 recommended non-certification of the request for additional PT x 12 right shoulder, lumbosacral, and left knee. Workers' compensation insurance carrier letter dated 03-03-2014 documented that the patient already had a total of 29 physical therapy visit from 2/17/13-12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER, LEFT SHOULDER, AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines (Page 98-99) for Physical Medicine and Physical Therapy recommends 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. The medical records document that the patient has completed a total of 29 physical therapy visits from 2/17/13-12/18/13. The request for additional physical therapy visits would exceed the guideline recommendations. Therefore, the request for 12 additional physical therapy sessions for the right shoulder, left shoulder, and left knee is not medically necessary.