

Case Number:	CM14-0150752		
Date Assigned:	09/19/2014	Date of Injury:	03/16/2012
Decision Date:	11/13/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of the injury of March 16, 2012. A utilization review determination dated August 21, 2014 recommends noncertification of physical therapy three times a week for six weeks for the right shoulder, wrist, and both knees. A progress note dated July 23, 2014 identifies subject complaints of intermittent right chest pain increased by breathing, frequent right shoulder pain described as sharp and stabbing increased by reaching and pushing, frequent moderate bilateral knee pain described as sharp and stabbing increased by reaching and lifting, frequent and moderate right hand pain increased by gripping, and intermittent headache described as gripping. Physical examination identifies tenderness on palpation with painful range of motion, and decreased sensation at right C6-7 and right L5-S1. The diagnoses include shoulder impingement with tendinitis, right chest pain, hand carpal tunnel syndrome, headaches, sexual dysfunction, and sleep disorder. The treatment plan recommends orthopedic evaluation, their remaining treatment plan is difficult to read and decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 3 Times A Week for 6 Weeks for The Right Shoulder, Wrist and Both Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter: Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 200; 265; 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy; Forearm, Wrist, and Hand Chapter, Physical Therapy; Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy 3 times a week for 6 weeks for the right shoulder, wrist, and both knees, 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. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6 visit 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. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of trial visits recommended and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy 3 times a week for 6 weeks for the right shoulder, wrist, and both knees is not medically necessary.