

Case Number:	CM14-0181950		
Date Assigned:	11/06/2014	Date of Injury:	08/02/1999
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Pain Management 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 68-year-old female with a date of injury of 08/02/1999. The listed diagnoses per [REDACTED] are: 1. Chronic right knee pain with post traumatic arthritis. 2. Right shoulder pain with impingement syndrome. 3. Discogenic low back pain with multilevel spondylosis. According to progress report 10/09/2014, the patient presents with right foot and cramps in her legs. The patient reports falling 4 to 5 times weekly which increases the pain. Examination revealed tenderness to palpation to the right upper leg and knee with tenderness over the left groin and hip region. She has limited ROM of the back in all directions. The strength in the lower extremities was noted as 4/5. The patient has severe limitation of the range of motion and strength in the left shoulder and arm. The provider is requesting refill of medications and "PT as needed for fall prevention." Utilization review denied the request on 10/20/2014. Treatment reports from 09/25/2013 through 10/09/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical therapy) due to falls: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98, 99.

Decision rationale: This patient presents with right foot and cramps in the left leg with right knee swelling. The provider is requesting "PT (physical therapy) due to falls." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Utilization review denied the request stating that the patient has had "extensive instruction in appropriate home exercise program and, despite doing this, she has had ongoing weakness and falls due to the leg/knee buckling and previous reviews has stated that surgery is pending, providing more therapy if surgery is necessary." Review of the medical file does not include prior physical therapy treatment reports. It is unclear how many sessions the patient has received thus far. It appears the patient has been participating in a home exercise program and the provider is requesting formalized physical therapy due to patient's falls due to weakness and swelling in the lower extremities. In this case, the provider has requested physical therapy without specifying duration or recommended number treatments and an open-ended prescription for physical therapy cannot be recommended. Therefore, this request is not medically necessary.