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| Case Number: | CM14-0021543 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 05/20/2012 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 26 year old female with date of injury 3/20/12. The treating physician report dated 1/17/14 indicates that the patient presents with pain affecting left wrist 8/10, left shoulder 8/10, left knee 5/10, right ankle pain and lower back pain with left lower extremity symptoms 6/10. The current diagnoses are: 1.Lumbar myofascial pain 2.Status post left wrist fracture 3.Left shoulder impingement syndrome 4.Left knee possible patellofemoral contusion/internal derangement 5.Tremors/numbness, left hemibody. The utilization review report dated 2/10/14 modified the request for additional physical therapy to the lumbar, left knee, left wrist and left shoulder 2x4 to two additional visits. The reduction of treatments was based on the rationale that the patient had completed 14 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE LUMBAR, LEFT KNEE, LEFT WRIST, LEFT SHOULDER 2 X 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with increased pain affecting the lumbar spine with left leg pain, left wrist, left shoulder and left knee pain. The current request is for additional physical therapy to the lumbar, left knee, left wrist and left shoulder 2 x4. In reviewing the treating physician reports starting 7/19/13 and continuing monthly through 1/17/14 the records show that the patient has not received any physical therapy. Over that period of time the patient had increasing pain and on 12/6/13 the treating physician requested PT 2x4. The objective findings state, "Tenderness left wrist, left shoulder, left knee, as well as lumbar spine. Pain with wrist flexion and extension. Spasm of the lumboparaspinal musculature decreased. Recall physical therapy 12 sessions to date facilitates diminution in pain and improve range of motion. Remains deconditioned." The MTUS guidelines indicate that PT is recommended: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The treater in this case has documented that the patient had previously responded to PT. The documentation provided for review indicates that the patient's condition has flared and she has not received PT in over 6 months. Recommendation is for authorization.