

Case Number:	CM14-0021627		
Date Assigned:	05/05/2014	Date of Injury:	06/03/2013
Decision Date:	07/09/2014	UR Denial Date:	01/16/2014
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 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 injured worker is a 62-year-old female who sustained an injury to her left knee on 06/13/13 when she was cutting shrink wrap off of a pallet, the pallet fell onto her. She stated that a box of flour fell on her left shoulder knocking her down injuring her left knee in the process. She has been on total temporary disability since September of 2013. Physical examination noted range of motion of the left knee extension 0, flexion 100; McMurray's and Apley's test positive left Waldell's signs negative; instability and ligamentous testing negative; cranial nerves 2-12 intact; normal gait; sensation decreased in the bilateral feet; absent ankle jerks bilaterally. The injured worker was diagnosed with left knee sprain, bilateral shoulder sprain with internal derangement and chronic myofascial pain syndrome of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE LEFT KNEE AND LEFT PECTORALIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical medicine treatment.

Decision rationale: The request for physical therapy two times a week for three weeks for the left knee and left pectoralis is not medically necessary. Records indicate that the injured worker has completed at least 12 physical therapy visits to date with minimal benefit. The injured worker has also had at least six acupuncture visits. There was no surgical intervention identified. The ODG recommends up to 12 visits over eight weeks for the diagnosed injuries with allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the patient is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy two times a week for three weeks for the left knee and left pectoralis has not been established. Recommendation is not medically necessary.