

Case Number:	CM14-0026677		
Date Assigned:	06/13/2014	Date of Injury:	09/25/2007
Decision Date:	08/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, has a subspecialty in 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:

This is a 56-year-old male with a 9-25-2007 date of injury, when the patient lost footing and fell down on knees and right hand. The patient is status post bilateral carpal tunnel release in 1997 and 1998, cervical spine fusion at C3 to C7 in 2003, lumbar fusion in 2004, spinal cord stimulator implant in 2005, and repair of left torn meniscus in 2008. 2/19/14 determination was non-certified given no significant change in the clinical presentation to support the necessity of additional physical therapy. The objective gains from previous courses of physical therapy were not specified. 10/4/13 medical report identified pain in the neck, right arm, right hand, right hip, and both knees. There were also complaints of numbness and tingling sensations. The patient's pain level was 8/10, and average pain 6/10. An exam revealed positive right straight leg raise, ambulated with the use of a walker, cervical spine tenderness, right wrist tenderness, lumbar spine tenderness with paraspinal muscle spasms and bilateral facet loading signs, lumbar decreased range of motion, right trochanteric bursa, right hip tenderness, and positive internal rotation of the right hip. 12/3/13 and 11/19/13 medical reports identified similar findings as previously documented. Physical therapy was recommended in the December report. 3/11/14 medical report identified low back, hips, right wrist, both knees, and neck pain rated from 5/10 to 7-8/10. An exam revealed myospasm over the bilateral paralumbar muscles, tenderness palpable in both sciatic notches, circumscribed trigger points, a positive straight leg raise, positive Braggard's test, and decreased range of motion. The patient had tenderness over the bilateral acromioclavicular joints, subacromial regions, greater tubercles, and bilateral rotator cuff muscles. There were positive impingement and supraspinatus tests. There were medial and lateral knee joint lines of both knees, painful tracking of both knees, and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 6WKS LUMBAR, BILATERAL SHOULDERS, BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Physical Medicine Guidelines allow for fading of treatment frequency. There were functional deficits documented that would benefit from a short course of physical therapy. However, given a 2007 date of injury, it is reasonable to assume that there has been prior physical therapy completed. It is not clear if therapy has been completed recently, and if it has, how many sessions have been completed and what are the objective functional benefits from those sessions. In addition, there were no clear goals to be achieved with the requested therapy. There was insufficient documentation to support this request. Therefore the request is not medically necessary.