

Case Number:	CM14-0034828		
Date Assigned:	06/23/2014	Date of Injury:	06/23/2004
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 and Rehabilitation, 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 patient sustained an injury on 6/23/04 while employed by [REDACTED]. Request under consideration include Initial Physical therapy 3 times 4 weeks to right shoulder. Report dated 2/3/14 from the provider noted the patient has chronic symptoms attributable to diagnoses of knee meniscus tear, chondromalacia, Carpal tunnel syndrome; knee/leg sprains and strains; neck and elbow/forearm strains and sprains. Conservative care has included extensive physical therapy, aqua therapy, medications, and modified activities/rest. The patient has been deemed permanent & stationary with was treating with future medical provision. The patient returned for exacerbation of pain affecting the back and right shoulder along with right knee popping/locking, residual symptoms from prior left knee surgery. Exam showed muscle spasm, tenderness, and guarding; positive McMurray's; antalgic gait. Treatment for exacerbation included PT x 12. The request for PT was denied by utilization reviewer. Appeal letter dated 3/11/14 from the provider noted the patient is treating under future medical care per AME with regards to physical therapy for exacerbation of flare-up of symptoms to assist the patient to transition to her previous home-exercise program. The request for Initial Physical therapy 3 times 4 weeks to right shoulder was partially-certified for PT 6 visits on 3/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Physical therapy 3 times 4 weeks to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

Decision rationale: This patient sustained an injury on 6/23/04 while employed by [REDACTED]. Request under consideration include Initial Physical therapy 3 times 4 weeks to right shoulder. Report dated 2/3/14 from the provider noted the patient has chronic symptoms attributable to diagnoses of knee meniscus tear, chondromalacia, Carpal tunnel syndrome; knee/leg sprains and strains; neck and elbow/forearm strains and sprains. Conservative care has included extensive physical therapy, aqua therapy, medications, and modified activities/rest. The patient has been deemed permanent & stationary with was treating with future medical provision. The patient returned for exacerbation of pain affecting the back and right shoulder along with right knee popping/locking, residual symptoms from prior left knee surgery. Exam showed muscle spasm, tenderness, and guarding; positive McMurray's; antalgic gait. Treatment for exacerbation included PT x 12. The request for PT was denied by utilization reviewer on 3/5/14. Appeal letter dated 3/11/14 from the provider noted the patient is treating under future medical care per AME with regards to physical therapy for exacerbation of flare-up of symptoms to assist the patient to transition to her previous home-exercise program. The request for Initial Physical therapy 3 times 4 weeks to right shoulder was partially-certified for PT 6 visits on 3/14/14 citing guidelines criteria and lack of medical necessity. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show the patient had recent flare-up of chronic symptoms; however, with unchanged clinical findings consistent with previous residuals from surgeries years passed for this chronic P&S injury of 2004. The patient has received 6 recent PT sessions for her acute flare-up to assist in re-education and transition to previous independent home exercise program. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for short course of PT visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received the therapy sessions without demonstrated necessity to allow for additional therapy treatments and should resume the previous independent HEP. The Initial Physical therapy 3 times 4 weeks to right shoulder is not medically necessary and appropriate.