

Case Number:	CM14-0040053		
Date Assigned:	06/27/2014	Date of Injury:	10/26/2013
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, 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 Physician 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 44-year-old female with a date of injury of 10/26/2013. The listed diagnoses according to [REDACTED] are: 1. Sprain/strain of shoulder and upper arm. 2. Sprain/strain of knee and leg. 3. Strain/sprain of lumbosacral. The 25-page medical file provided for review includes no progress reports prior to the utilization review from 03/07/2014. Report 03/20/2014 indicates the patient has pain in her back and started having some spasm. The patient was seen in the emergency room at Providence in which the patient received an injection and was given prescription for oxycodone, diazepam, and naproxen. The treating provider notes the patient's symptoms are mild. She was told by the emergency room doctor to stretch and exercise. Report 04/08/2014 is illegible. Progress report of 05/19/2014 indicates the patient is doing much better as she is currently working out in the gym. Examination showed full range of motion of knees. The medical file provided for review does not discuss the request for physical therapy nor is there a request for authorization. The request is for physical therapy for the lumbar spine 12 visits, physical therapy for the right knee 12 visits, and physical therapy for the right shoulder 12 visits. Utilization review denied this request on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Lumbar Spine, 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: This injured worker presents with low back and right knee pain. The treating provider is requesting physical therapy for the lumbar spine 12 visits. For physical medicine, the MTUS Guidelines page 98-99, recommend for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The 25 page medical file provides no discussion of physical therapy. Given the injured worker's pain, a course of 9-10 sessions may be warranted, but the treating provider is requesting 12 sessions which exceeds what is recommended by MTUS. Recommendation is for denial as the request is not medically necessary.

Physical Therapy to the Right Knee, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Postsurgical Treatment Guidelines.

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

Decision rationale: This injured worker presents with low back pain and right knee pain. Examination from 05/19/2014 indicates the patient has full range of motion. The treating provider is requesting physical therapy to the right knee for 12 visits. For physical medicine, the MTUS Guidelines page 98-99, recommend for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The 25 page medical file provides no discussion of physical therapy. Given the injured worker's pain, a course of 9-10 sessions may be warranted, but the treating provider is requesting 12 sessions which exceeds what is recommended by MTUS. Recommendation is for denial as the request is not medically necessary.

Physical Therapy to the Right Shoulder, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: This injured worker presents with low back pain. The treating provider is requesting physical therapy to the right shoulder, 12 visits. The medical file provided for review includes 4 progress reports that are dated after the utilization review from 03/07/2014. These progress reports provide no physical examination of the right shoulder. For physical medicine, the MTUS Guidelines pages 98-99, recommend for myalgia-myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treating provider provides no discussion regarding any subjective or objective findings regarding the right shoulder. Furthermore, the requested 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial as the request is not medically necessary.