

Case Number:	CM14-0048704		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2007
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/27/2014

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 patient with a date of injury of September 17, 2007. A utilization review determination dated March 5, 2014 recommends modification of eighteen physical therapy visits to ten visits. February 6, 2013 medical report identifies constant left knee pain. She has attended and completed outside physical therapy with benefit but pain is returning since finishing. On exam, there is limited ROM with pain and crepitus, positive impingement, tenderness, and weakness of cuff. The left knee is noted to have ACL laxity and medial greater than lateral tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen physical therapy (PT) visits over a six week period for the left knee and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for eighteen physical therapy visits over six weeks for the Left Knee and Left Shoulder, the Chronic Pain Medical Treatment Guidelines cites that

patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions with a notation of benefit, but there is no documentation of specific objective functional improvement with the previous sessions or why remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the Chronic Pain Medical Treatment Guidelines supports only up to ten PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. The request for eighteen PT visits over a six week period for the left knee and left shoulder is not medically necessary or appropriate.