

Case Number:	CM14-0058316		
Date Assigned:	07/09/2014	Date of Injury:	12/03/2009
Decision Date:	09/05/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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:

This is a 59 year old male who reported an industrial injury on 12/3/2009, almost five (5) years ago. The patient reported increased knee pain after multiple surgical interventions. The patient had multiple cortisone injections and ESIs with no relief. The patient is s/p left total knee replacement with subsequent rupture of the left quadriceps tendon and is s/p left knee tendon repair Arthroscopy on 7/19/2013. The patient reported pain to the right wrist; posterior neck; back pain; bilateral shoulder pain; anxiety and depression. The patient was noted to weigh 285 pounds with a height of 5'11". The patient is prescribed multiple medications and has a HEP. The patient was scheduled for a right knee arthroplasty. The right wrist pain had resolved. The patient was noted to have TTP to the neck and back. The bilateral shoulder was reported to have decreased ROM and weakness. The treatment plan included OMT; ultrasound, myofascial release; electric muscle stimulation. The treatment plan included 1x6 sessions of PT directed to the bilateral wrists, cervical, thoracic, and lumbar spine, bilateral shoulders and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy 1 every week for 6 weeks for bilateral wrist, cervical, thoracic, lumbar, bilateral shoulders, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59, 121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114 Official Disability Guidelines (ODG) neck and upper back section--PT; lower back--PT; shoulder--PT; knee PT; and forearm, hand, wrist PT.

Decision rationale: There was no evidence that the patient could not perform strengthening and conditioning exercises in a self-directed home exercise program. There were no objective that supported the medical necessity of additional PT over the recommendations of the CA MTUS or over the recommended self directed home exercise program for the lumbar spine, cervical spine, bilateral wrists; left knee and bilateral shoulders. The patient is not documented to have weakness and muscle atrophy. The patient is documented only to have TTP and diminished ROM. The patient received substantial post-operative PT. The patient has received ongoing sessions of PT for the industrial injury and has exceeded the number of sessions and time period for rehabilitation recommended by the CA MTUS. The CA MTUS recommend a total of twelve (12) sessions over 12 weeks for the rehabilitation of the knee s/p Arthroscopy with integration into a self-directed home exercise program. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease or lumbar radiculopathies. The CA MTUS recommends up to ten (10) sessions of physical therapy over eight (8) weeks for the rehabilitation of the shoulder subsequent to the diagnosis of sprain/strain or impingement. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. The patient has exceeded the recommendations of the CA MTUS for treatment of the right shoulder and lower back. The patient has received prior sessions of physical therapy directed to the bilateral shoulders, cervical spine, thoracic spine, bilateral wrists, left knee, and lumbar spine and should be in a HEP. The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. There is no objective evidence provided to support the medical necessity of additional PT over the number recommended by the CA MTUS. The 1x6 sessions of additional PT represents maintenance care and is not medically necessary.