

Case Number:	CM14-0058831		
Date Assigned:	07/09/2014	Date of Injury:	01/07/2014
Decision Date:	09/24/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is 53 year old with a work injury dated 1/7/14. The diagnoses include right knee contusion, left wrist contusion; left wrist fracture; right shoulder derangement. Under consideration is a request for additional PT 2 x 6 for the right shoulder, low back, and right knee. There is a primary treating physician report dated 4/21/14 which states that the patient comes for a right knee and right shoulder follow up. She finds PT helpful for the shoulder but not the knee. On exam the left wrist has edema and crepitus. The range of motion for the left wrist in flexion is 30 degrees and 30 degrees for extension. The right shoulder has no deformity. There is tenderness at the right acromion. There is a positive right Neer and Hawkins sign. The right shoulder has 170 degrees in flexion and abduction. There is 90 degrees external rotation and 70 degrees internal rotation. The lumbar range of motion elicits pain. There is a positive right medial knee McMurray sign. The plan states that she failed right knee PT and needs a knee MRI. She will continue left wrist and right shoulder PT. A 4/2/14 document states that the patient is benefitting from formal PT for the R shoulder, low back and R Knee therefore there is a request additional PT 12 sessions for these.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2 X 6 FOR THE RIGHT SHOULDER, LOW BACK, AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend up to 10 visits for the patient's condition. The documentation indicates that the patient has exceeded this limit already and a request for 12 more visits would further exceed this recommendation. The documentation does not indicate significant objective functional improvement from prior therapy. The patient should be well versed in a home exercise program. The request for additional PT 2 x 6 right shoulder, low back and right knee is not medically necessary.