

Case Number:	CM14-0065792		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2011
Decision Date:	12/02/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/08/2014

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 & 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 March 9, 2011. A utilization review determination dated May 5, 2014 recommends denial of physical therapy. Denial was recommended due to lack of documentation of improved function with the previous 6 sessions of physical therapy. A progress report dated January 29, 2014 identifies subjective complaints of left knee pain, bilateral hand pain, and cervical pain. Objective examination findings revealed diffuse paraspinal muscle tightness and tenderness with restricted range of motion in the cervical spine, left knee tenderness with effusion, and positive Tinel's sign and Phalen sign in the left wrist. The diagnoses include cervical discopathy, facet arthropathy of the cervical spine, bilateral hip degenerative joint disease, bilateral knee degenerative joint disease, bilateral wrist carpometacarpal arthrosis, bilateral carpal tunnel syndrome, bilateral lateral and medial epicondylitis, and bilateral foot bunions, left shoulder impingement, and left knee internal derangement. The treatment plan recommends an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks with physical therapy eval times one:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Physical/occupational therapy guidelines

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

Decision rationale: This is a patient with a date of injury of March 9, 2011. A utilization review determination dated May 5, 2014 recommends denial of physical therapy. Denial was recommended due to lack of documentation of improved function with the previous 6 sessions of physical therapy. A progress report dated January 29, 2014 identifies subjective complaints of left knee pain, bilateral hand pain, and cervical pain. Objective examination findings revealed diffuse paraspinal muscle tightness and tenderness with restricted range of motion in the cervical spine, left knee tenderness with effusion, and positive Tinel's sign and Phalen sign in the left wrist. The diagnoses include cervical discopathy, facet arthropathy of the cervical spine, bilateral hip degenerative joint disease, bilateral knee degenerative joint disease, bilateral wrist carpometacarpal arthrosis, bilateral carpal tunnel syndrome, bilateral lateral and medial epicondylitis, and bilateral foot bunions, left shoulder impingement, and left knee internal derangement. The treatment plan recommends an MRI.