

Case Number:	CM14-0067448		
Date Assigned:	07/11/2014	Date of Injury:	03/05/2010
Decision Date:	10/06/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 injured worker's date of injury is 03/05/2010. This patient receives treatment for chronic right ankle and right knee pain. The injuries occurred at work when the patient fell. The injuries included right fifth metatarsal fracture, right ankle sprain, right knee torn meniscus, and a torn right rotator cuff. The patient's right shoulder rotator cuff was repaired surgically 02/02/2011. The treating physician states that on exam the shoulders are tender to palpation. The right knee and foot are tender and there is limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment to the right ankle and right knee for 8 sessions, 2 times a week times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: The patient received physical therapy for the shoulder and knee in December 2013 through February 2014. There were a total of 38 physical therapy sessions. The treatment guidelines call for therapy sessions to be faded followed by a home exercise program.

The documentation does not provide a basis to provide additional therapy sessions; as there were no new operations or injuries. Additional physical therapy is not medically indicated.