

Case Number:	CM14-0076547		
Date Assigned:	07/18/2014	Date of Injury:	10/04/2001
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35 year-old female with the date of injury of 10/04/2001. The patient presents with pain in her neck, right shoulder, lower back and right knee, rating as a 6-8/10 on the pain scale. According to the requesting provider's report on 10/3/2013, diagnostic impressions are: left knee internal derangement, probably medial meniscus tear; posttraumatic degenerative joint disease of the medial compartment of the right knee; right distal femur enchondroma, stable; status post (S/P) right knee medial meniscectomy; S/P right shoulder rotator cuff tear; left shoulder rotator cuff tendinitis; right lateral acromioclavicular (AC) degenerative joint disease (DJD); cervical degenerative disc disease S/P arthrodesis; C6-7 degenerative disc disease with radiculitis; left ulnar hand numbness referred from cervical; cervical sprain; right ulnar wrist pain; S/P T12 through the sacrum fusion; and left hip trochanteric bursitis. The requesting provider requested for physical therapy for the patient's cervical, lumbar, right shoulder, and right knee, 2 times per week over 4 weeks with corresponding office visits. The utilization review determined being challenged is dated on 05/19/2014. The requesting provider provided one treatment report on 10/3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT cervical lumbar, right shoulder, right knee two (2) times per week over four (4) weeks with corresponding office visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

Decision rationale: The patient presents with pain in her neck, shoulders, lower back, and knees, right worse than left. She is status post (S/P) rotator cuff repairs of shoulders bilaterally, the sacrum fusion, and right knee medial meniscectomy. The operative reports or the dates of these surgeries are not provided. Review of the reports suggests that these surgeries occurred some time ago and current request for 8 sessions of therapy appears outside of post-surgical time frame. The utilization review denial letter from 05/19/2014 indicates that the patient has had physical therapy in the past, but the records do not contain therapy reports nor a progress report discussing this specific request. For non-post-surgical therapy treatments, MTUS guidelines recommend 9-10 sessions of therapy for myalgia, myositis, neuralgia, the type of condition this patient is suffering from. In this case, the treater does not explain why additional therapy is needed. There is no discussion regarding the patient's home exercise program; no discussion regarding the patient's treatment history; no discussion as to the patient's current functional level change that may warrant some therapy, etc. MTUS page 8 requires that the treater monitor the patient's progress and make appropriate recommendations. Recommendation is not medically necessary.