

Case Number:	CM13-0045563		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2013
Decision Date:	03/12/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 51-year-old male who reported an injury on 02/10/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of rotator cuff sprain/strain, cervical and lumbosacral spondylosis without myelopathy. Past medical treatment consists of surgery, cognitive behavioral therapy, ESTIM, physical therapy, and medication therapy. Medications were not submitted in the report. It was indicated that the injured worker underwent x-rays which were negative. On 09/23/2013, the injured worker was seen as a follow-up with pain on the left side. Physical examination noted that he had a forward flexion of 110 degrees, abduction of 100 degrees. It was noted that the injured worker stated to have pain over the posterolateral aspect of his elbow right near the triceps insertion. In addition, the injured worker stated to have some pain along the medial parapatellar border of the knee. There were no mechanical symptoms. He had good range of motion in the knee. There was mild medial joint line tenderness but no McMurray. Ligaments were stable to varus and valgus stress. There was a negative Lachman, and no posterior sag. Medical treatment plan is for the injured worker to continue with therapy for the elbow and knee, and to continue with therapy on the shoulder. Rationale was not submitted for review. Request for Authorization form was submitted but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS IN TREATMENT OF THE NECK, ELBOW, KNEE, SHOULDER AND LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 27, 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Elbow, Knee and Leg, Low Back

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

Decision rationale: The decision for 12 physical therapy sessions in treatment of the neck, elbow, knee, shoulder, and lower back is not medically necessary. The California MTUS Guidelines state physical medicine can provide short term relief during the early phase of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for the treatment of meralgia, neuritis, and radiculitis. It was indicated in the submitted documentation that the injured worker had undergone physical therapy; however, it was not indicated what extremity had undergone the physical therapy, nor was there any indication of how many sessions of physical therapy the injured worker had completed to date. Furthermore, there was no indication of what medications the injured worker was taking. Additionally, there was no accurate pain assessment submitted for review indicating what the injured worker's pain levels were via VAS. Given the above, the request would not be indicated. As such, the request is not medically necessary.