

Case Number:	CM14-0186525		
Date Assigned:	12/16/2014	Date of Injury:	06/14/2007
Decision Date:	02/17/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 49year old woman with a work related injury dated 6/14/2007 resulting in chronic pain of the neck, shoulder and right lower extremity. The patient was evaluated by the orthopedic provider on 9/8/14. The patient complains of constant pain in the elbows and right shoulder with frequent pain in the bilateral knees. Previous treatment includes surgery of the knee (date not specified). The exam shows tenderness of the shoulder with positive Hawkins and impingement signs. The elbows have tenderness to palpation with full range of motion, tenderness to the cervical spine with limited range of motion. The diagnosis includes cervical discopathy, rule out internal derangement right shoulder, rule out internal derangement bilateral knees and medial epicondylitis/cubital tunnel syndrome. The plan of care includes physical therapy at the rate of 3 times per week for four weeks. Under consideration is the medical necessity of physical therapy 3 sessions per week for four weeks which were denied during utilization review dated 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the bilateral knees three times a week for four weeks: Upheld

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

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

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has had prior surgery on his knee but it is unclear when. The patient has not had previous physical therapy sessions. Twelve PT sessions are not medically necessary as an initial approach to therapy for chronic pain. Therefore, the request is not medically necessary.