

Case Number:	CM14-0187654		
Date Assigned:	11/18/2014	Date of Injury:	06/13/2013
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old male with a work injury dated 6/13/13. The diagnoses include cervical and lumbar sprain/strain; bilateral knee arthralgias; status post left total knee replacement; bilateral shoulder arthralgias. Under consideration is a request for physical therapy 2 times 3, cervical, lumbar spine, bilateral shoulders and knees. There is a handwritten 6/24/14 progress note that is somewhat illegible. The document states that the patient complains of cervical pain, lumbar pain, bilateral shoulder, bilateral knee and ankle pain. On exam there is tender cervicolumbar paraspinals. There is decreased lumbar spine range of motion. The patient is to continue medications, continue physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 3, for the cervical, lumbar spine, bilateral shoulders and knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99 of 127.

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

Decision rationale: Physical Therapy 2 times 3, for the cervical, lumbar spine, bilateral shoulders and knees is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation is not clear on how many prior physical therapy visits the patient has had for this condition and the outcome. Without this information additional therapy cannot be certified. The guidelines recommend a transition to an independent home exercise program. The request for physical therapy 2 times 3 is not medically necessary.