MAXIMUS Federal Services

Case Number:	CM15-0000642		
Date Assigned:	01/12/2015	Date of Injury:	04/11/2013
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female sustained work related industrial injuries on April 11, 2013. The mechanism of injury involved falling from a rolling chair. The injured worker was diagnosed and treated for left knee medial compartment osteoarthritis, cervical sprain/strain, multilevel cervical spondylosis C3 through C6, right elbow lateral epicondylitis with extensor tendonitis, right medial epicondylitis, lumbar spondylosis with degenerative scoliosis, and coccygodynia. Treatment consisted of laboratory studies, radiographic imaging, prescribed medications, physical therapy sessions, knee brace, consultations and periodic follow up visits. Per treating provider report dated October 31, 2014, provider noted that the injured worker was evaluated and diagnosed with diminished range of motion, diminished strength, muscular restrictions, postural deficits, gait deviations and decreased overall function. Objective findings revealed elbow tenderness on the left side and along the medial aspect of the knee. Documentation noted that motor strength testing was intact otherwise and that the injured worker was wearing a knee brace. The treating physician prescribed services for appeal physical therapy twice a week for six weeks of the low back and right elbow now under review.On December 19, 2014, the Utilization Review (UR) evaluated the prescription for appeal physical therapy twice a week for six weeks of the low back and right elbow requested on December 2, 2014. Upon review of the clinical information, UR non-certified the request for appeal physical therapy twice a week for six weeks of the low back and right elbow, noting the lack of clinical documentation to support medical necessity. The MTUS Guidelines and ODG were cited. On January 2, 2015, the injured worker

submitted an application for IMR for review of appeal physical therapy twice a week for six weeks of the low back and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPEAL PHYSICAL THERAPY 2XWK X 6 WKS LOW BACK AND RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Physical Therapy

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

Decision rationale: The patient continues to complain of low back pain, right elbow pain, coccyx pain, and left knee pain. The current request is for physical therapy twice weekly for six weeks to the low back and right elbow. The 10/31/14 attending physician report specifically asks for physical therapy twice a week for six weeks uninterrupted and then reevaluation in six weeks and possible consideration for an additional six weeks per the therapist recommendations. There is no discussion of what body parts are being addressed with the physical therapy. The MTUS guidelines allow 8-10 therapy visits for neuritis and myalgia type symptoms. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Additionally, there is no discussion as to why a home exercise program has not been established at nearly two years post injury. As such, the current request is not medically necessary and the recommendation is for denial.