

Case Number:	CM15-0009625		
Date Assigned:	01/27/2015	Date of Injury:	09/01/2014
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 9/1/14. On 1/16/15, the injured worker submitted an application for IMR for review of Physical Therapy for the left leg and left hand 2 times a week for 6 weeks. The treating provider progress note dated 11/19/14 has reported the injured worker indicates left knee and left index finger improving. The diagnoses have included left knee patellofemoral contusion/sprain, left elbow contusion, and left index finger strain. Treatment to date has included physical therapy (24) and Range of Motion (ROM) and Computer Assisted Muscle Test (1105014). PT evaluation is documented on 09/10/14 and 4 PT notes for the period 09/12/14-09/18/14 were submitted for review. 12/17/14 office note stated that reference to 24 PT visits in earlier note was in error, and that injured worker had completed 12 PT visits. She reported improvement with therapy and was able to walk or stand for longer periods. On exam, index finger motion was full without pain. Left antalgic gait was noted. There was full knee range of motion. Patellofemoral compression was positive. A trigger point was felt in the middle of the vastus medialis muscle belly. On 12/29/14 Utilization Review non-certified a Physical Therapy for the left leg and left hand 2 times a week for 6 weeks. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left leg and left hand, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Injured worker has completed a course of physical therapy with improvement. No current functional deficits or physical exam abnormalities are documented relating to the left hand or fingers which would support the medical necessity for continued skilled therapy to this body area. Knee range of motion has returned to normal, but antalgic gait and mild physical exam abnormalities are documented. Based upon the amount of therapy completed to date and the mild nature of current symptoms and physical exam abnormalities, medical necessity is not established for an additional course of skilled therapy exceeding the MTUS recommendation for 9-10 PT visits for treatment of myalgia/myositis.