

Case Number:	CM15-0106346		
Date Assigned:	06/10/2015	Date of Injury:	11/08/2012
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, California
 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 applicant is a represented 61-year-old who has filed a claim for shoulder, low back, foot, and knee pain reportedly associated with an industrial injury of November 8, 2012. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced a May 18, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of shoulder, low back, knee, and foot pain. The applicant had apparently found alternate work as a paralegal, it was acknowledged on this date. A rather proscriptive 5-pound lifting limitation was endorsed at this point in time, effectively precluding the applicant from returning to work with her former employer, the treating provider acknowledged. On May 7, 2015, the applicant reported ongoing complaints of shoulder, back, knee, and foot pain. The applicant had reportedly lost 20 pounds, it was reported. The note was very difficult to follow. Additional physical therapy was sought. The applicant was using Motrin and tramadol for pain relief. The applicant exhibited slightly antalgic gait. The applicant's work restrictions were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee and right shoulder, twice a week for four weeks:
 Overturned

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.

Decision rationale: No, the request for eight sessions of physical therapy for the shoulder and knee was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, however, the attending provider's progress note of May 7, 2015 suggested that the applicant had already returned to some form of work, had lost 20 pounds, and was successfully dieting, exercising, and retained well-preserved shoulder range of motion with a normal gait. The applicant did not, in short, appear to have significant or marked deficits, which would compel the lengthy formal course of therapy at issue as all evidence on file pointed to the applicant's seeming ability to transition to self-directed home-based physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.