MAXIMUS Federal Services

Case Number:	CM15-0107023		
Date Assigned:	06/11/2015	Date of Injury:	11/24/2014
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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
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:

The injured worker is a 57 year old male who sustained an industrial injury on 11/24/2014. Mechanism of injury was cumulative trauma with injury to the left elbow, left shoulder and left knee. Diagnoses include lateral epicondylitis of the elbow, rotator cuff sprain and strain-left, and sprains and strains of the left knee and leg. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, injection and an elbow strap. On 04/21/2015, a Magnetic Resonance Imaging of the left knee was done and revealed intrasubstance signal alteration within the posterior horn of the medial meniscus is seen suggestive of intrasubstance degeneration of softening with laxity of the superior strut of the mid body of the medial meniscus, and osteochondral injury of patellofemoral joint compartment. On 01/21/2015, a Magnetic Resonance Imaging of the left elbow was done and showed lateral epicondylitis and mild tendinopathy of the common flexor tendon complex, and motion degradation. A physician progress note dated 05/20/2015 documents the injured worker has persistent left elbow pain, which has worsened. A cortisone injection only gave him 2 hours of relief. He complains of left knee pain, which is persistent and worsening. The treatment plan is for continuing of the home exercise program and applying ice. Treatment requested is for additional physical therapy for left knee and left elbow Qty: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for left knee and left elbow qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC).

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

Decision rationale: The patient complains of left shoulder, left elbow, and left knee pain, as per progress report dated 04/08/15. The request is for ADDITIONAL PHYSICAL THERAPY FOR LEFT KNEE AND LEFT ELBOW QTY: 12. The RFA for the case is dated 05/26/15, and the patient's date of injury is 11/24/14. Diagnoses, as per progress report dated 05/20/15, included lateral epicondylitis of elbow, rotator cuff sprain/strain, and knee sprain/strain. The patient has been allowed to return to work with restrictions, as per the same report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the current request for PT is noted in progress report dated 05/20/15. The patient was referred to 6 sessions of therapy, as per progress report dated 11/24/14. In report dated 12/16/14, the treater states that PT is "not helping." Hence, the patient should "finish out PT but do not renew." In subsequent report dated 01/06/15, the treater states that PT sessions provided "temporary relief and are well tolerated." In progress report dated 04/08/15, the treater recommends home exercise program with ROM exercises and strengthening exercises. This plan appears reasonable and appropriate, as the patient should have transitioned to a home exercise regimen by now. Additionally, MTUS only allows 8-10 visits in non-operative cases. Hence, the treater's request for 12 additional sessions is excessive and IS NOT medically necessary.