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| Case Number: | CM15-0108955 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 06/24/2014 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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 41 year old male who sustained an industrial injury on 06/24/2014. Diagnoses include bilateral shoulder strain/sprain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow strain/sprain, bilateral knee strain/sprain and rule out bilateral knee meniscal tear. Treatment to date has included diagnostic studies, medications, extracorporeal shockwave procedure, and physical therapy. A physician progress note dated 04/07/2015 documents the injured worker has pain in his bilateral shoulders, bilateral elbows, and bilateral knees. On a scale of 1 to 10, with 10 representing the worst pain, his pain in the right shoulder and elbow is rated as 3 out of 10 which has increased. His left shoulder and left elbow pain is rated 4 out of 10, which has increased and pin in the right knee is rated 1 out of 10 which has decreased from 3 out of 10 from the last visit and his left knee pain is 4 out of 10 which has decreased from 4-5 out of 10 since the last visit. There is tenderness to palpation to the bilateral shoulders, bilateral elbows and bilateral knees. Impingement and Supraspinatus tests are positive and McMurray's test is positive. The injured worker states that treatment helps to decrease his pain and tenderness and improves his function and activities of daily living. Treatment requested is for Therapeutic procedure, 1 or more, 2 times per wk for 6 wks, 12 sessions (retrospective 1/13/15); Therapeutic procedure, 1 or more, 2 times per wk for 6 wks, 12 sessions (retrospective 2/24/15); and Therapeutic procedure, 1 or more, 2 times per wk for 6 wks, 12 sessions (retrospective 4/7/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic procedure, 1 or more - 2 times per wk for 6 wks - 12 sessions (retrospective 1/13/15): 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 Therapy, pages 98-99.

Decision rationale: The patient has completed at least 30 PT sessions to date. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Therapeutic procedure, 1 or more, 2 times per wk for 6 wks, 12 sessions (retrospective 1/13/15) is not medically necessary and appropriate.

Therapeutic procedure, 1 or more - 2 times per wk for 6 wks - 12 sessions (retrospective 2/24/15): 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 Therapy, pages 98-99.

Decision rationale: The patient has completed at least 30 PT sessions to date. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and

the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Therapeutic procedure, 1 or more, 2 times per wk for 6 wks, 12 sessions (retrospective 2/24/15) is not medically necessary and appropriate.

Therapeutic procedure, 1 or more - 2 times per wk for 6 wks - 12 sessions (retrospective 4/7/15): 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 Therapy, pages 98-99.

Decision rationale: The patient has completed at least 30 PT sessions to date. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Therapeutic procedure, 1 or more, 2 times per wk for 6 wks, 12 sessions (retrospective 4/7/15) is not medically necessary and appropriate.