

Case Number:	CM15-0132847		
Date Assigned:	07/21/2015	Date of Injury:	05/21/2014
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

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

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 33 year old woman sustained an industrial injury on 5/21/2014 after being hit by a car in the parking lot. Evaluations include lumbar spine x-rays dated 4/6/2015. Diagnoses include post-traumatic stress disorder, left closed femur shaft fracture, and sprain of medial collateral ligament of the left knee. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 6/12/2015 show the report from a follow up visit. Recommendations include acupuncture, physical therapy, Cyclobenzaprine, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Low Back, Left Knee/Leg, Left Shoulder, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): table 12-8, table 13-6, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines; Preface.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in May 2014 as the result of a motor vehicle accident where she was hit by a car in a parking lot, with a left clavicle and femur fracture. In February 2015 she had completed her fourth round of physical therapy. When seen, she had recently completed 6 more therapy treatments. There was left shoulder tenderness with pain on abduction. There was mild knee joint line tenderness and slightly decreased left knee range of motion. The claimant is more than ## years status post work-related injury and is being treated for than one year status post injury and has already had extensive physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of what might be needed finalize the claimant's home exercise program and would not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote further dependence on therapy provided treatments. The request is not medically necessary.