

Case Number:	CM15-0137836		
Date Assigned:	07/29/2015	Date of Injury:	10/24/2011
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: California, Hawaii

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 59 year old female, who sustained an industrial injury on October 24, 2011. The injured worker reported missing a step while walking down stairs causing her to fall and hit her head, lower extremity, and twisting her right knee. The injured worker was diagnosed as having closed head injury with posttraumatic stress disorder with anxiety and depression, bilateral shoulder strain and pain with the left greater than the right, cervical strain, and bilateral knee pain. Treatment and diagnostic studies to date has included physical therapy, meditation, and medication regimen. In a progress note dated May 22, 2015 the treating physician reports continued complaints of headaches and bilateral knee pain. Examination reveals tenderness to the base of the neck to the shoulders and tenderness to the bilateral knees. The injured worker's pain level was rated a 5 out of 10. The treating physician noted that the injured worker has completed 12 sessions of physical therapy and has noted that the injured worker benefited from the prior physical therapy, but the documentation provided did not indicate if the injured worker experienced any functional improvement with prior physical therapy. The treating physician requested six additional sessions of physical therapy for the shoulder, neck, and knee, but the documentation provided did not contain the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for shoulder, neck & knee quantity 6: Upheld

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

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

Decision rationale: The patient presents with headaches and bilateral knee pain. The current request is for additional physical therapy for shoulder, neck and knee quantity 6. The treating physician states, in a report dated 05/22/15, "This patient has benefitted from physical therapy and has finished 12 sessions. I would recommend that she continue with 12 additional sessions." (9B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has documented 12 prior Physical Therapy sessions the patient has completed and functional improvement is not documented other than the patient has "benefitted." There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.