

Case Number:	CM15-0138443		
Date Assigned:	07/28/2015	Date of Injury:	10/14/2014
Decision Date:	09/28/2015	UR Denial Date:	07/08/2015
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 52-year-old female, who sustained an industrial injury on 10-14-2014. She reported falling onto her left knee and left elbow. Diagnoses have included left patella comminuted fracture and left elbow contusion. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 6-29-2015, the injured worker complained of improving left knee pain with stiffness. Associated symptoms were spasm and weakness. She rated her pain as 1 at rest and 4-7 with activity. Left elbow and chest were noted to be resolved. The injured worker walked with a limp and used a cane. Exam of the left knee revealed diffuse tenderness to palpation. Authorization was requested for eight sessions of physical therapy for the left knee and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Knee, 8 sessions: 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 medicine Page(s): 98-99.

Decision rationale: The patient presents with left knee pain. The patient is status post left knee surgery from 10/29/2014. The current request is for Physical therapy Left Knee, 8 sessions. The treating physician's report dated 06/29/2015 (13B) states, "Doing much better but would still benefit from strengthening of the quad muscle". Left knee: overall doing better with stiffness and pain. Still with weakness. The physician also noted that the patient has attended 38 out of 40 post-surgical physical therapy sessions. Physical therapy reports were not made available for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient's surgery is from 10/29/2014 and is past post-surgical time line. In this case, the patient has received 38 physical therapy visits recently and should now be able to transition into a home-based exercise program to improve strength and flexibility. The current request is not medically necessary.

Physical Therapy, Left Elbow, 8 sessions: 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 medicine Page(s): 98-99.

Decision rationale: The patient presents with left knee pain. The current request is for Physical therapy Left elbow, 8 sessions. The treating physician's report dated 06/29/2015 states, "Left elbow and chest: resolved." No physical examination of the elbow was noted. Physical therapy reports were not made available for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the physician has noted that the patient has left elbow symptoms have resolved. Therefore, the patient does not meet the MTUS guidelines for the requested physical therapy sessions. The current request is not medically necessary.