

Case Number:	CM15-0145095		
Date Assigned:	08/06/2015	Date of Injury:	10/14/2009
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Family Practice

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 50 year old male, who sustained an industrial injury on October 14, 2009. The injured worker was diagnosed as having impingement of the bilateral shoulders, cruciate ligament tear of the knee, degenerative joint disease of the left ankle foot and toes, degenerative joint disease of the bilateral knees, planvalgus of the bilateral feet and lumbar stenosis. Treatment to date has included aqua therapy, physical therapy and medications. On June 18, 2015, the injured worker complained of mild to moderate left ankle pain that was unchanged from a prior exam. The injured worker is complaining of worsening shoulder pain. Notes stated that he does not experience any mechanical symptoms. Rest was noted to improve his symptoms. Exercising, activities and prolonged walking worsen his symptoms. The injured worker also complained of moderate bilateral shoulder pain. He reported catching in his left shoulder and increased weakness bilaterally. He stated that resting, physical therapy and medication help to improve his shoulder symptoms. Overhead work worsens his symptoms. The treatment plan included an additional eight visits of physical therapy and medication. On July 15, 2015, Utilization Review non-certified the request for additional physical therapy two times weekly for four weeks, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times weekly, Qty: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has presented complaining of worsening symptoms and the request for physical therapy is supported to address the current deficits and to re-educate the injured worker in a home exercise program. The request for Additional physical therapy, 2 times weekly, Qty: 8 is medically necessary and appropriate.