

Case Number:	CM15-0163134		
Date Assigned:	08/31/2015	Date of Injury:	05/05/2015
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/19/2015

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 44 year old male who sustained an industrial injury on 5-5-15 when he fell from a food truck experiencing acute onset of pain in the right knee, elbow and shoulder. Currently the right shoulder and elbow are improving but the knee pain persists. On physical exam of the right knee there was 1-2+ effusion, tenderness to palpation; the right shoulder exam revealed cog-wheeling, tenderness to palpation and weakness, positive impingement testing; right elbow exam revealed tenderness to palpation lateral epicondyle and pain with range of motion. He was ambulating without a brace or crutches with full weight bearing. Medication was naproxen. Diagnoses include diabetes; obesity; tibial plateau fracture; cervical spine sprain; strain; arm, shoulder sprain, strain; knee sprain; contusion of elbow and knee. Treatments to date include physical therapy 10 visits but despite treatment has persistent knee pain; right tennis splint; medications; cold pack. Diagnostics include MRI of the right knee (6-25-15) showing non-displaced tibial plateau and tear; x-ray of the knee was unremarkable. In the progress note dated 6-4-15 the treating provider's plan of care includes a request for physical therapy for twice per week for three weeks for the right shoulder, left elbow and cervical spine to allow for participation in activities of daily living, pain control and functional strength and decrease inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the cervical spine, right shoulder, leg and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Shoulder, Knee and Leg, Elbow disorders, Physical therapy.

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

Decision rationale: The patient presents with pain in the right knee, right elbow and right shoulder. The current request is for 6 sessions of physical therapy (PT) for the cervical spine, right shoulder, leg and elbow. The UR dated 7/21/15 (4A) states the patient has completed 10 sessions of PT. The treating physician states on 7/6/15 (9B) the patient "needs to continue with physical therapy." The Supplemental Note from the treating Physical Therapist dated 8/26/15 (6B) indicates the patient should continue PT to allow participation in ADL's, tolerate full work duty, increase ROM and achieve the functional strength necessary for ADL's and work. This report notes it was the patient's fifteenth visit and that progress has been slow but there was improvement in the right shoulder mechanics. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.