

Case Number:	CM15-0186698		
Date Assigned:	09/28/2015	Date of Injury:	01/20/2015
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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:

The injured worker is a 44year old male, who sustained an industrial injury on 1-20-2015. The injured worker is undergoing treatment for: lower left leg contusion, left hip sprain, lumbosacral sprain, and elbow, forearm and left wrist abrasion. On 9-2-15, he reported pain to the left elbow and left knee rated 4-5 out of 10. He also indicted there was a pins and needles sensation in the left knee. He reported his pain to worsen with prolonged activity including walking. Physical examination revealed restricted range of motion to the left knee and elbow, tenderness to the left elbow lateral epicondyle, and diffuse swelling around the left knee. Special testing revealed positive McMurray's and apleys. There is notation that physical therapy "was helping him for the left knee and left elbow pain and functionally improved". The treatment and diagnostic testing to date has included: back surgery (2013), left knee surgery (2015), EEG (5-18-15), ankle brace, cane, heat, knee brace, lumbar support, already completed an unclear amount of physical therapy. Medications have included: Levothyroxine, Omeprazole, Naproxen, and Flexeril. Current work status: His employer does not have modified duties available. The request for authorization is for: 12 physical therapy sessions for the left knee and elbow. The UR dated 9-16-2015: non-certified the request for 12 physical therapy sessions for the left knee and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the left knee and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 when he fell from a flatbed truck landing on concrete with injury to the left knee and elbow. He underwent a left knee partial medial meniscectomy on 05/18/15. He has a left elbow extensor tendon tear. As of 07/13/15 he had completed 12 occupational therapy treatments for the elbow since an evaluation on 05/13/15. He was independent in a home exercise program. As of 08/12/15 there had been at least 11 postoperative physical therapy treatments for the knee. When seen, there was decreased left elbow and left knee range of motion. There was diffuse knee swelling with positive McMurray and Apley compression testing. There was left elbow tenderness. Authorization is being requested for an additional 12 therapy sessions. After the knee surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. In terms of physical therapy for a sprain / strain of the elbow, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had therapy for this condition as well and was discharged with a home exercise program. 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 is recommended or what might be needed to finalize or revise the claimant's home exercise program. The request is not medically necessary.