

Case Number:	CM15-0195825		
Date Assigned:	10/09/2015	Date of Injury:	01/13/2015
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational Medicine

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 66 year old female who sustained an industrial injury on 01-13-2015. A review of the medical records indicated that the injured worker is undergoing treatment for cervicalgia, right olecranon bursitis, right lateral epicondylitis and rule out internal derangement of the bilateral knees. According to the treating physician's progress report on 07-15-2015, the injured worker continues to experience cervical spine stiffness associated with headaches with improvement with physical therapy. The injured worker rated her pain level at 5 out of 10 on the pain scale. The injured worker reported intermittent right elbow pain improving and rated as 3 out of 10 and intermittent knee pain, right greater than left and rated as 5 out of 10 on the right and 1 out of 10 on the left. Examination of the cervical spine demonstrated tenderness to palpation of the paravertebral muscles with spasm and extension into the upper extremities, right side greater than the left side. Axial loading compression and Spurling's tests were positive. Range of motion was limited by pain. Sensation and strength were intact. The right elbow was tender at the lateral epicondyle with positive Cozen's and pain with terminal flexion. Some swelling was noted with full sensation in the ulnar digits. The right knee examination demonstrated tenderness at the right anterior joint line with positive patellar grind test and negative anterior drawer and posterior pivot shift tests. There was pain with terminal flexion and no evidence of instability or swelling. There was residual weakness and atrophy of the right knee. Right elbow magnetic resonance imaging (MRI) with fat suppression marrow performed on 03-05-2015 with official report was included in the review and Electromyography (EMG) and Nerve Conduction Velocity (NCV) performed on 07-06-2015 were reviewed at the visit on 07-15-2015 but not reported. Prior treatments have included diagnostic testing, physical therapy

for the cervical spine and elbow were noted on 02-24-2015 and 03-12-2015 (quantity of sessions were not provided) and medications. Current prescribed medications were documented under a separate cover according to the report on 07-15-2015 by the primary treating physician and not submitted for review. Treatment plan consists of right elbow sleeve and the current request on 08-26-2015 for physical therapy twice a week for 4 weeks for the right elbow and right knee. On 09-02-2015 the Utilization Review determined the request for physical therapy twice a week for 4 weeks for the right elbow and right knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already participated in 24 sessions of physical therapy. There is no explanation as to why the injured worker cannot continue with a self-directed, home-based exercise program at this point. The request for physical therapy twice a week for four weeks is not medically necessary.