

Case Number:	CM15-0195845		
Date Assigned:	10/09/2015	Date of Injury:	09/24/2012
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
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: 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 62 year old male, who sustained an industrial injury on 9-24-12. The injured worker is being treated for cervical disc displacement, cervical spine radiculopathy, right shoulder rotator cuff tear, right biceps tendon tear, right wrist tenosynovitis, bilateral knee sprain-strain, right knee meniscal tear and mood disorder. Treatment to date has included physical therapy (the treatment request indicates the injured worker is currently attending physical therapy; however there is no documentation of same), acupuncture, shockwave therapy, medications including Synapryn, Tabradol, cyclobenzaprine and Ketoprofen cream; and activity modifications. On 7-14-15 and 8-11-15, the injured worker complains of burning, radicular neck pain and muscle spasms rated 4-5 out of 10 associated with numbness and tingling of bilateral upper extremities; burning right shoulder pain radiating down arm to fingers associated with muscle spasms and rated 5 out of 10; burning right wrist pain and muscle spasms rated 4 out of 10 and burning bilateral knee pain and muscle spasms rated 4 out of 10; he also complains of stress, anxiety, insomnia and depressions due to chronic pain and physical limitations. He notes medications offer temporary relief of pain and improve his ability to have restful sleep. He is temporarily totally disabled. Physical exam performed on 7-14-15 and 8-11-15 revealed decreased range of motion of cervical spine, tenderness at right trapezius and levator scapula muscles with acromioclavicular arthrosis and trigger points at supraspinatus muscle and crepitation with range of shoulder motion; slightly decreased range of motion of right wrist with tenderness to palpation over the carpal bones and thenar and hypothenar eminence bilaterally; and tenderness to palpation over medial and lateral joint line and to patellofemoral joint line of bilateral knees. The treatment plan included continuation of acupuncture, continuation of physical therapy 3 times a week for 6 weeks and shockwave therapy continuation. On 9-10-15 request for physical therapy 3 times a week for 6 weeks was modified from 18 sessions to 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 6 weeks for the cervical spine, right shoulder/knee: Upheld

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

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

Decision rationale: Review indicates the request for 18 PT visits was modified for 10 sessions. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3x a week for 6 weeks for the cervical spine, right shoulder/knee is not medically necessary and appropriate.