

Case Number:	CM15-0022963		
Date Assigned:	02/12/2015	Date of Injury:	09/01/2010
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 year old female injured worker suffered and industrial injury on 9/1/2010. The diagnoses were head pain, cervical and lumbar musculoligamentous strain/sprain, cervical and lumbar disc protrusion, bilateral shoulder strain/sprain, right shoulder tendinosis, bilateral elbow strain/sprain epicondylitis, bilateral carpal tunnel syndrome, bilateral knee strain/sprain, depression and let knee ligaments tears. The diagnostic studies were magnetic resonance imaging studies. The treatments were medications and physical therapy. The treating provider reported complaints of pain in the bilateral shoulders, arms and bilateral knees rated 7 to 9/10. The Utilization Review Determination on 1/12/2015 non-certified Physical therapy 2x6 for left knee and bilateral shoulders, citing ODG, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for left knee and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Physical Medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical therapy

Decision rationale: The requested Physical therapy 2x6 for left knee and bilateral shoulders , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM),2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and ODG, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has pain in the bilateral shoulders, arms and bilateral knees rated 7 to 9/10. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2x6 for left knee and bilateral shoulders is not medically necessary.