

Case Number:	CM15-0220012		
Date Assigned:	11/13/2015	Date of Injury:	12/08/2012
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New
 York Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial-work injury on 12-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrist pain, right and left wrist strain and sprain rule out carpal tunnel syndrome, tendinitis, cervical strain and sprain, herniated cervical disc, left shoulder sprain and strain, tendinitis, impingement and rotator cuff tear. Treatment to date has included pain medication Butrans patch with some relief, Tramadol (caused nausea), activity modifications, right knee surgery, physical therapy to the bilateral knees, cervical spine, left shoulder and bilateral wrists (unknown amount), off of work and other modalities. Medical records dated 9-17-15 indicates that the injured worker complains of bilateral wrist pain, bilateral knee pain and left shoulder pain that is severe with difficulty sleeping due to pain. This has been unchanged from previous visits. Per the treating physician report dated 9-17-15 work status is temporary totally disabled. The physical exam reveals no significant findings related to the bilateral wrists. The range of motion in the right shoulder was decreased, tenderness to palpation and positive impingement sign. The left knee range of motion was 0-100 degrees. There was tenderness to palpation in the medial and lateral joint line. The right knee had well healed incision line secondary to total knee arthroplasty. There are no diagnostic reports noted in the records and no previous therapy sessions. The request for authorization date was 9-17-15 and requested services included Physical therapy, bilateral knees, left shoulder, bilateral wrists, and neck, 2 times weekly for 6 weeks, 12 sessions. The original Utilization review dated 10-20-15 non-certified the request for Physical therapy, bilateral knees, left shoulder, bilateral wrists, and neck, 2 times weekly for 6 weeks, 12 sessions as 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, bilateral knees/ left shoulder/ bilateral wrists/ neck, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Preface; Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, shoulder, and neck sections, Physical therapy, Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy the bilateral knees, left shoulder, bilateral wrists, neck two times per week than six weeks (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral wrist pain, right and left wrist strain and sprain rule out carpal tunnel syndrome, tendinitis, cervical strain and sprain, herniated cervical disc, left shoulder sprain and strain, tendinitis, impingement and rotator cuff tear. Date of injury is December 8, 2012. Request for authorization is September 17, 2015. The injured worker is status post right total knee arthroplasty November 12, 2014. The documentation contains a physical therapy visit log ranging from February 27, 2015 to April 1, 2015. There were no physical therapy progress notes indicating objective functional improvement. According to August 20, 2015 progress note, the treating provider is requesting a left knee total arthroplasty. Subjectively, the documentation indicates pain in the left knee and left shoulder. Medications include Butrans for pain. Objectively, left knee examination showed decreased range of motion with medial and lateral joint line tenderness. Left shoulder examination showed tenderness with decreased range of motion. There is no physical examination of the wrist and there is no physical examination of the cervical spine. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement to support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. There is no physical examination of the wrist and there is no physical examination of the cervical spine. The treating provider requested an additional 12 sessions of physical therapy. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior physical therapy, no documentation indicating the total number of physical therapy sessions to date, and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is indicated, physical therapy the bilateral knees, left shoulder, bilateral wrists, neck two times per week than six weeks (12 sessions) is not medically necessary.