

Case Number:	CM15-0220578		
Date Assigned:	11/13/2015	Date of Injury:	08/11/2000
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
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 53 year old male, who sustained an industrial injury on 8-11-00. The injured worker was diagnosed as having right ankle sprain, sciatica, rotator cuff syndrome, cervical sprain and osteoarthritis of the left forearm. Subjective findings (8-4-15, 9-2-15 and 10-7-15) indicated numbness, burning pain and weakness from the elbow distally and moderate pain with neck extension and rotation. The injured worker also has low back pain. On 7-6-15, the treating physician noted right wrist range of motion was 45-50 degrees of flexion and extension and a slightly limited composite grip. Objective findings (8-4-15, 9-2-15 and 10-7-15) revealed no physical examination of the neck or upper extremities. Thoracolumbar flexion was 45 degrees, extension was 10 degrees and lateral bending was 15 degrees. There was also a negative straight leg raise test. As of the PR2 dated 10-28-15, the injured worker reports diffuse arthralgia of both upper extremities. There was no physical examination of the upper extremities. Treatment to date has included an EMG-NCS of the upper extremities on 6-15-15 showing normal results, physical therapy (number of sessions not provided), a TENS unit, Zanaflex and Norco. The Utilization Review dated 11-2-15, non-certified the request for additional physical therapy 2 x weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week times four weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are knee sprain/strain medial collateral ligament; pain in joint lower leg; right ankle sprain; calcaneofibular ankle sprain; and tenosynovitis foot and ankle. Date of injury is August 11, 2000. Request for authorization is September 16, 2015. According to physical therapy progress notes, physical therapy session #1 was started August 13, 2015. Physical therapy session #8 was completed September 15, 2015. The injured worker was discharged to start physical therapy for the back and continue a home exercise program. According to a September 16, 2015 progress note, subjective complaints include pain behind the kneecap. Objectively, there is joint line tenderness, a small effusion, patellofemoral crepitus and decreased range of motion. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. The physical therapy notes indicate the injured worker was discharged to start care for the back. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy as clinically indicated, additional physical therapy two times per week times four weeks is not medically necessary.