

Case Number:	CM15-0052942		
Date Assigned:	03/26/2015	Date of Injury:	12/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on December 12, 2014. The injured worker had reported injuries to the bilateral shoulders, upper extremities, hands and mid back. The diagnoses have included right knee joint pain, right hip joint pain, right closed patellar fracture, malunion of fracture, cervical sprain/strain and lumbar sprain/strain. Treatment to date has included medications, radiological studies, knee brace and physical therapy. Current documentation dated February 20, 2015 notes that the injured worker reported low back pain and constant right knee pain. Physical examination of the right knee revealed tenderness to palpation of the knee, patella-femoral crepitation and a range of motion of one hundred and thirty with pain. A McMurray's test was equivocal on the right. Examination of the low back revealed an aching pain rated a one out of ten. A straight raise test was negative. The assessment noted that the injured workers condition had improved. The treating physician's plan of care included a request for physical therapy to the right patella/right knee up to six visits, physical therapy to the lumbar spine up to six visits and physical therapy to the right hip up to six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for up to 6 visits for the right patella/right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for chronic back and lower extremity pain. Treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, concurrent care for the claimant's conditions would be expected. The total number of visits requested is in excess of that recommended and therefore not medically necessary.

Physical Therapy 1-2 times a week for up to 6 visits for the lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for chronic back and lower extremity pain. Treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, concurrent care for the claimant's conditions would be expected. The total number of visits requested is in excess of that recommended and therefore not medically necessary.

Physical therapy 1-2 times a week for up to 6 visits for the right hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for chronic back and lower extremity pain. Treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, concurrent care for the claimant's conditions would be expected. The total number of visits requested is in excess of that recommended and therefore not medically necessary.

