

Case Number:	CM15-0089187		
Date Assigned:	05/13/2015	Date of Injury:	01/22/2015
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44-year-old male, who sustained an industrial injury on 1/22/15. He reported pain in the right arm, right shoulder, right hip, and right knee. The injured worker was diagnosed as having right shoulder derangement, right shoulder contusion, right shoulder sprain, right knee contusion, and right knee sprain/strain. Treatment to date has included an injection and medications. Currently, the injured worker complains of right knee pain and weakness. Other complaints are pain in the head, neck, right shoulder, back, buttock, hip, leg, knee, foot and ankle. The treating physician requested authorization for physical therapy 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy, three times a week for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as written. The MTUS recommends up to 10 visits for the patient's conditions of shoulder and knee injuries. It does not appear that the patient has had prior therapy however, the request, as written, exceeds the recommended number of PT by the MTUS. Additionally, the request (as written) does not specify a body part for therapy. The request for physical therapy is therefore not medically necessary as written.