

Case Number:	CM14-0005122		
Date Assigned:	01/24/2014	Date of Injury:	11/20/1995
Decision Date:	06/13/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71-year-old female who sustained injuries to her bilateral knees, low back and bilateral shoulders on 11/20/95. The mechanism of injury was not documented. Physical examination noted slightly antalgic gait with assistive device; ambulation with a cane; sitting to standing with moderate difficulty; posture normal; tenderness of bilateral paravertebral muscles at L4 and L5; bilateral knees swollen; bilateral range of motion tender; shoulder tenderness with range of motion bilaterally. The patient was diagnosed with bilateral knee arthropathy, pain in joint involving bilateral shoulder region, degeneration of lumbar or lumbosacral intravertebral discs. The patient was recommended to continue Norco and Oxycontin as prescribed. She was recommended for additional physical therapy and advised to return to the clinic in six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTEEN (16) ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE KNEE, LUMBAR AND SHOULDER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Medicine Treatment.

Decision rationale: The request for 16 additional physical therapy visits for the knee, lumbar spine and shoulder is not medically necessary. The previous request was denied on the basis that previous physical therapy approved in terms of improvement in functionality, range of movements, reduction in pain scale and medication requirement was not outlined. The request and number of treatment visits was beyond the scope of guideline recommendations; therefore, 16 additional visits of physical therapy was not deemed as medically necessary. There were no physical therapy notes for review that would indicate the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to previous conservative treatment. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for 16 additional physical therapy visits for the knee, lumbar spine and shoulder has not been established.