

Case Number:	CM14-0121648		
Date Assigned:	09/16/2014	Date of Injury:	10/24/2013
Decision Date:	10/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 General Surgery and is licensed to practice in Tennessee. 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 64-year-old male who was reportedly injured on 10/24/2013. The mechanism of injury is noted as a trip and fall. X-ray to the right elbow and left knee documented no fracture. On examination of the right elbow, flexion was to 125/140 degrees. Pronation was to 65/80 degrees. Supination was to 65/80 degrees. Muscle strength was 3/5. Tenderness noted to the medial and epicondyle of the right elbow. On examination of the left knee, flexion was to 120/135 degrees. There was positive McMurray's test and Apley's test and medial tenderness. There is no instability of the medial or lateral collateral ligaments. Anterior drawer test was negative. Posterior drawer test was negative. Posteromedial instability was negative. There was medial and lateral joint line tenderness on the left. There was positive chondromalacia patella compression test on the left. The injured worker was diagnosed with right elbow strain to rule out lateral epicondylitis and left knee strain and sprain to rule out internal derangement. A request was made for physical therapy, three sessions per week for six weeks to the right elbow and left knee and was not certified on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three sessions per week for six weeks to the right elbow and left knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official

Disability Guidelines, elbow, physical therapy and knee and leg, physical medicine treatment sections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

Decision rationale: The medical records state the request is for continuation of physical therapy. This suggests that physical therapy was initiated at some point. There are no notes in the medical records that document evaluation, treatment, and duration of treatment or response to treatment. ODG guidelines state, 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Based on review of the medical records the request for 3 sessions per week for six weeks to the right elbow and left knee are not medically necessary.