

Case Number:	CM14-0082704		
Date Assigned:	07/21/2014	Date of Injury:	11/27/2013
Decision Date:	10/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with a date of injury of November 27, 2013. A utilization review determination dated May 15, 2014 identifies subjective complaints of a pain level of 7/10 of left knee, cervical spine, and thoracic spine. A pain level of 6/10 of the lumbar spine, left shoulder, left elbow, and left hip. The patient states that the medication helps control pain. The patient has increased pain with activity. Physical examination identifies tenderness of left shoulder rotator cuff muscles, flexion of left shoulder at 60 degrees and abduction at 60 degrees. Lumbar spine flexion is that 50 degrees, and extension at 10 degrees. Diagnoses include cervical disc protrusion with neuroforaminal narrowing, thoracic spine hemangioma at T8, lumbar spine facet arthropathy, disc protrusion, left shoulder with full thickness tear of supraspinatus tendon/partial tear of infra/subscapular tendon, left elbow lateral epicondylitis, left hip pain, and left knee pain. The treatment plan recommends ENG/NCV, internal medicine consultation, prescription for topical creams, physical therapy two times a week for four weeks, referral to general orthopedist, referral to psychologist, referral to ophthalmologist, referral to neurologist, request for right renal ultrasound, and NIOSH. There is a previous authorization dated March 28, 2014 for a request for left knee physical therapy with approval for six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy for the left knee, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. The number of sessions attended is not specified of the 6 sessions approved on March 28, 2014. In the absence of such documentation, the current request for physical therapy for the left knee is not medically necessary.