

Case Number:	CM15-0005084		
Date Assigned:	01/16/2015	Date of Injury:	08/08/2009
Decision Date:	03/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on August 8, 2009, while working as a housekeeper. The diagnoses have included status post total knee replacement arthroplasty of the right knee, left knee osteoarthritis, lumbar spinal stenosis with lumbar radiculopathy, cervical spondylosis with cervical radiculopathy, bilateral shoulder impingement syndrome, and depression. Treatment to date has included right knee arthroscopic surgery, a right total knee replacement in 2013, physical therapy, right knee cortisone injection, lumbar epidural steroid injections, and medications. Currently, the injured worker complains of bilateral knee pain, depression, neck pain, and bilateral shoulder pain. The Orthopedic Physician note dated November 21, 2014, noted the injured worker used a cane for ambulation, with difficulty toe walking, heel walking, and kneeling. Physical examination was noted to show patellofemoral crepitus and effusion, lumbar spine paravertebral tenderness, positive shoulder impingement and apprehension signs, and trapezial spasm and tenderness at C6, C7, T1, and T2. On December 8, 2014, Utilization Review non-certified physical therapy two times four for the cervical/thoracic/lumbar spine/bilateral knees & shoulder. The UR Physician's decision rationale and noted citations were not included in the documentation provided. On January 9, 2015, the injured worker submitted an application for IMR for review of physical therapy two times four for the cervical/thoracic/lumbar spine/bilateral knees & shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 x 4 is not medically necessary and appropriate.