

Case Number:	CM15-0113262		
Date Assigned:	06/19/2015	Date of Injury:	10/31/2014
Decision Date:	07/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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 63 year old female who sustained an industrial injury on 10/31/2014. Mechanism of injury occurred when she slipped and fell; landing on her knees and hands causing injury to her shoulders. On 12/04/2015 she was seen by her medical provider and complained of her back was still hurting and complained of multiple pain sites more left side pointing from shoulder to lower body. Diagnoses include chronic bilateral knee sprain, chronic left shoulder impingement and chronic right shoulder strain. Treatment to date has included medications, diagnostic studies, injection to her left knee, and physical therapy. She takes Ibuprofen for pain and discomfort. Magnetic Resonance Imaging of the left knee showed a meniscal tear and it is quite possible that similar findings are present on the right. X rays of the right knee show joint space narrowing and arthritis of the patellofemoral joint. A physician progress note dated 05/20/2015 documents the injured worker has pain in her knees as well as the right periscapular region and the left anterior shoulder/chest wall. She rates her current pain as an average of 5 out of 10 and it is a throbbing pain. She has swelling to both of her knees. The injured worker also has numbness and tingling to the dorsum and radial aspect of the left forearm as well as the left hand. She has tenderness in the insertion of the right levator scapulae muscle and the left pectoralis minor muscle as well as the left glenohumeral joint. She has full range of motion of the shoulders. Hawking's test is positive on the left and Spurling's test is equivocal on the left. There is mild swelling in both knees and range of motion is unrestricted. There is significant crepitus with passive range of motion in both knees, and there is tenderness to palpation of the anteromedial and medial joint line of both knees as well as the patellar facets.

McMurray test is positive bilaterally. Treatment requested is for Physical therapy 2 times a week for 6 weeks to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 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 times a week for 6 weeks to the left knee is not medically necessary and appropriate.