

Case Number:	CM15-0115319		
Date Assigned:	06/23/2015	Date of Injury:	05/07/2001
Decision Date:	07/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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, Pain Management

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 77 year old female sustained an industrial injury to the neck, back, left shoulder and upper extremities on 5/7/01. The injured worker sustained an industrial injury a second industrial injury on 8/7/13. Previous treatment included physical therapy and medications. The injured worker had received 8 physical therapy sessions as of 2/26/15. In a progress report dated 3/9/15, the physician noted that the injured worker had just started receiving physical therapy. The physician stated that the injured worker had experienced significant increased pain, stiffness, weakness, loss of flexibility, gait disturbances and instability as well as gross whole body deconditioning as a result of delays in authorization for physical therapy. Physical exam was remarkable for increased stiffness and weakness to all four extremities, to the spine and abdominal musculature. Current diagnoses included torn medial meniscus right knee, traumatic progressive articular cartilage damage bilateral knees, degenerative disc disease joint disease lumbar spine, fractures of left clavicle and left humerus, right hip contusion, progressive degenerative joint disease left hip and sacroiliac joints, left hamstring tear, left rotator cuff tear with tendinosis and degenerative arthritis left shoulder. The treatment plan included requesting authorization for physical therapy for the hips, knees and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the hips, knees and lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The request for eight visits of physical therapy to the hips, knee, and lower extremities is not medically necessary at this time. From the medical records received, it was determined that the patient previously underwent eight sessions of physical therapy. However, there was no documentation of the patient's response from the previous sessions. Additional sessions may be warranted if there is evidence of objective functional improvement garnered from previous therapy. With this, the request for eight visits of physical therapy to the hips, knee, and lower extremities is not medically necessary at this time.

8 physical therapy visits for the cervical spine, thoracic spine, thoracoscapular, bilateral shoulders and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The request for eight visits of physical therapy to the cervical spine, thoracic spine, thoracoscapular, bilateral shoulders, and bilateral upper extremities is not medically necessary at this time. From the medical records received, it was determined that the patient previously underwent eight sessions of physical therapy. However, there was no documentation of the patient's response from the previous sessions. Additional sessions may be warranted if there is evidence of objective functional improvement garnered from previous therapy. With this, the request for eight visits of physical therapy to the cervical spine, thoracic spine, thoracoscapular, bilateral shoulders, and bilateral upper extremities is not medically necessary at this time.