

Case Number:	CM15-0115704		
Date Assigned:	06/23/2015	Date of Injury:	11/18/2010
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
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

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 59-year-old female, who sustained an industrial injury on 11/18/2010. Diagnoses include cervicalgia status post surgery, lumbago, internal derangement knee, carpal tunnel syndrome and shoulder region dis NEC. Treatment to date has included medications, physical therapy, injections and surgical intervention. Per the Primary Treating Physician's Progress Report dated 5/19/2015, the injured worker reported intermittent pain in the cervical spine, constant pain in the low back, frequent pain in the bilateral shoulders and frequent pain in the right knee. Physical examination of the bilateral shoulders revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were positive. Rotator cuff function appeared to be intact but painful. There was reproducible symptomology with interval rotation and forward flexion. Right knee inspection revealed tenderness in the joint line and a positive patellar grind test. McMurray test was positive. There was crepitus with painful range of motion. She received an intra-articular injection to the right knee at this visit. The plan of care included continuation of prescribed medications, diagnostics and physical therapy. Authorization was requested for physical therapy (2x4) for the bilateral shoulders and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 Bilateral Shoulder and Right Knee: 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 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 PT 2x4 Bilateral Shoulder and Right Knee is not medically necessary and appropriate.