

Case Number:	CM15-0173461		
Date Assigned:	09/15/2015	Date of Injury:	12/13/2014
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 12-13-2014. The injured worker was diagnosed as having fracture of humerus; upper end, closed and closed fracture of patella, displaced fracture in the right elbow with valgus deformity, failed right knee surgery syndrome. The request for authorization is for: additional physical therapy two times a week for six weeks for the left knee, left knee, Quantity: 12. The UR dated 8-18-2015: non-certified the request for additional physical therapy two times a week for six weeks for the left knee. On 3-17-2015, he reported "doing slightly better". He continued with right shoulder stiffness, left knee stiffness. He reported slow increase to range of motion of the left lower extremity. The provider noted he "has had only a few home physical therapy visits and has not started any formal outpatient physical therapy". His work status is off work. On 4-30-2015, he reported pain to the left knee, right arm and right knee. He rated the left knee pain 6 out of 10, right arm pain rated 7 out of 10, and right knee pain was "dull". Physical findings revealed are right elbow positive medial epicondyle test; all other testing of the bilateral wrists and elbows was noted as negative. A Toradol injection was given in the office for pain and inflammation. He is noted to be temporarily totally disabled. On 5-28-2015, he reported right shoulder and right hand pain. He also reported left leg and knee pain with associated numbness, tingling, popping, locking and burning and occasionally giving way of the knee. Physical findings revealed bilateral trapezial trigger points, some mild deltoid atrophy on the right, tenderness in the right biceps and a restricted range of motion; left knee restricted range of motion with "marked patellofemoral crepitation and pain in the patellofemoral joint". The treatment and diagnostic

testing to date has included: at least 6 physical therapy sessions; occupational therapy; Medications including: Norco; multiple radiographs (2-3-15 and 3-17-15), right humerus fracture repair, left knee surgery (12-17-14), right biceps surgery (12-17-14), urine toxicology (4-30-2015.) The patient had received an unspecified number of physical therapy sessions; and occupational therapy visits for this injury. The medication list includes Tramadol, Ibuprofen and Norco. Per the note dated 8/6/15 the patient had completed 10/12 PT visits. The patient has had complaints of pain in right shoulder and left knee. Physical examination of the right shoulder and left knee revealed limited range of motion and tenderness on palpation. Patient had received 14 PT visits from 6/8/15 to 7/30/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for six weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Additional physical therapy two times a week for six weeks for the left knee. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Additional physical therapy two times a week for six weeks for the left knee is not fully established for this patient.