

Case Number:	CM13-0016541		
Date Assigned:	12/04/2013	Date of Injury:	06/14/2013
Decision Date:	07/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in California and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old female injured on 06/14/13 while transferring a geriatric injured worker between a chair and bed. The injured worker sustained injuries to the right neck, upper back, and right shoulder. Current diagnoses included cervicalgia with cervical degenerative disc disease/degenerative spondylopathy, symptomatic right acromioclavicular joint arthrosis, parascapular pain and crepitus, and rule out thoracic outlet secondary to scalene muscle spasm. A clinical note dated 06/26/13 indicated the injured worker presented complaining of neck pain described as stiff radiating to the right shoulder in addition to sharp pain over the patella of the right knee. The injured worker rated her pain 6/10 in severity. The injured worker reported episodes of migraine headaches treated in the past with epidural steroid injections. Physical examination revealed paracervical/sternocleidomastoid/trapezoidal muscle tenderness, right greater than left, no spasms, compression test negative, distraction test negative, range of motion unrestricted, no muscle weakness. Physical examination of the right knee indicated tenderness of the patella, no effusion, with no additional abnormalities. Current medications included Orphenadrine 100mg, bio flex, Frova, venlafaxine, Bystolic, Lovaza, Voltaren, Topiramate, and Butalbital-acetaminophen 50-325mg. The injured worker began physical therapy on 07/31/13; however, the total number of physical therapy sessions the injured worker participated in was not provided for review. The initial request for additional physical therapy two times a week for four weeks for the cervical spine and right knee was non-certified on 08/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE CERVICAL SPINE AND THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Guidelines, 12 visits over 8 weeks for the treatment of knee strain/sprain are recommended. Guidelines also recommend a fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. Additionally, the documentation failed to provide the total number of prior physical therapy sessions the injured worker has attended. As such, the medical necessity of the additional physical therapy, 2 times a week for 4 weeks, for the cervical spine and the right knee cannot be established at this time.