

Case Number:	CM13-0025628		
Date Assigned:	11/20/2013	Date of Injury:	03/08/2013
Decision Date:	09/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Medicine 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:

This is a 54 year old patient who reported an industrial injury to the mid back, low back, and knee on 3/8/2013, 18 months ago, attributed to the performance of her job tasks reported as a MVA. The patient has received 10-12 prior sessions of PT; medications; neurology consult; and time off work. The patient complained of persistent pain to the bilateral arms with numbness and tingling; negative Spurling's; some weakness but not documented; limited cervical spine ROM; limited ROM to the lumbar spine. The patient was prescribed additional PT. The patient is diagnosed with a neck and back strain/sprain and knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X3 CERVICAL /LUMBAR/THORACIC, RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 97-98. Decision based on Non-MTUS Citation (ODG) neck and upper back chapter-PT; back chapter-PT; Knee chapter PT.

Decision rationale: The request is for authorization of 6 additional sessions of PT to the neck, knee and back 18 months after the DOI exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy 18 months after the cited DOI with no documented weakness or muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of 6 sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence based guidelines. The patient is documented with no signs of weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the neck, knee and back 18 months after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested 6 sessions of PT over a self directed home exercise program as recommended for further conditioning and strengthening. The patient is documented to have received 10-12 sessions of PT. The CA MTUS recommend up to nine (9) sessions of physical therapy over 8 weeks for the knee for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine rehabilitation subsequent to lumbar/cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines. Therefore, the request is not medically necessary.