MAXIMUS Federal Services

Case Number:	CM13-0026249		
Date Assigned:	11/22/2013	Date of Injury:	10/18/2006
Decision Date:	06/19/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 73-year-old female who complained of persistent pain in neck, upper extremities, lower back, and bilateral knees after being injured on October 18, 2006. Physical examination was notable for tenderness in the suboccipital region and lumbar paraspinal muslces, decreased motor strength in all extremities secondary to pain, decreased sensation to pinprick and light touch to C5-T1 dermatomes in the bilateral upper extremities, and decreased sensation to pinprick to L4-S1 dermatomes in the bilateral lower extremities. Diagnoses included cervical radiculopathy, bilateral shoulder internal derangement, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, status post total right knee replacement with residual pain, and left knee internal derangement. Treatment included medications and acupuncture. Claims for Physical Therapy # 18, Compound ketoprofen 20%, compound cyclobenzaprine 5%, Synapryn 10 mg/ml oral suspension # 500 ml, Tabradol 10 mg/ml oral suspension # 250 ml, Deprezine15 mg/ml oral suspension # 250 ml, Fantatrex 25 mg/ml oral suspension # 420 ml, Hot/cold therapy unit, and TENS unit were submitted on August 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QUANTITY 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pain Interventions and Treatments, page (s) 98, 173-17.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the patient had been in treatment for several years. Six treatments were partially certified. There was assessment documented after the six visits to assess if there had been any improvement. There were no exceptional factors noted to explain the why the number of visits exceeded the guideline. Given the above the request is not medically necessary.