

Case Number:	CM13-0038669		
Date Assigned:	12/18/2013	Date of Injury:	01/26/2003
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 56-year-old female; date of injury is 01/28/2003. Request for physical therapy 2 times a week for 8 weeks has been denied by utilization review letter 09/11/2013. The utilization reviewer recommended modifying the request of 3 sessions of physical therapy. He noted that there was no history of physical therapy treatments provided. [REDACTED] report from 10/04/2013 has the patient presenting with neck pain, radiation to left trapezial muscle, low back, bilateral knee pain, and the patient has had one physical therapy session. List of diagnoses includes cervical strain, thoracic sprain, left knee chondromalacia, left knee internal derangement S/P left knee arthroscopy, cervical discopathy, lumbar strain. 09/08/2013 report is by [REDACTED] for appeal regarding physical therapy 2 times a week for 8 weeks. He indicates that since 09/10/2012 the patient has not seen any physicians or had any test performed. The patient was currently working, but by 08/02/2013, the patient was placed on temporary total disability with symptoms that were unchanged. Physical therapy was requested for the cervical spine to stabilize and reduce her neck symptoms to regain the functionality of that area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a weeks for eight (8) weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: This patient presents with chronic, neck, low back, and bilateral knee pains. The treating physician [REDACTED] has asked for 16 sessions of physical therapy. This request was modified to 3 sessions of physical therapy by utilization review. [REDACTED] issued a letter of appeal providing the argument that this patient needs physical therapy to regain function of the cervical spine, that the patient is placed on temporary total disability due to depression and symptoms that have not changed. Patient apparently presented to his office upon initial evaluation 09/10/2012 where she was working full time. MTUS Guidelines make specific recommendations regarding physical therapy for myalgia and myositis which this patient suffers from; recommendations were for 9 to 10 visits over eight weeks. The current request for physical therapy 2 times a week for 8 weeks would exceed what is recommended by MTUS Guidelines. Recommendation is for denial.