MAXIMUS Federal Services

Case Number:	CM13-0047196		
Date Assigned:	12/27/2013	Date of Injury:	09/12/1998
Decision Date:	03/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal 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 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:

The patient is a 61- year-old female who had a date of injury on 09/12/1998, when 44 boxes of champagne fell on her. She had a right knee meniscus repair in 1999. Previous treatment included cervical epidural steroid injection (ESI), medication, physical therapy and after an ESI she was pain free for two months. The patient had a CAT scan of the cervical spine on 01/15/2013 that revealed degenerative changes at C3-C4, C4-C5 and C5-C6. The present diagnosis is cervical disc degeneration, neck pain, cervical spondylitis without myelopathy and headache. On 12/27/2012, 01/24/2013, 05/03/2013 and on 10/01/2013 she had pain of her neck, upper back, left foot, left hip, left knee (or pain in limb) and headache. She had paracervical muscular tenderness, decreased cervical range of motion, bilateral grip strength of 4/5, occipital tenderness and suboccipital tenderness. She has been treated with Vicodin 5/500 twice a day for pain. There has been no change in her cervical range of motion. On 08/02/2013 it was noted that the patient had failed three months of conservative treatment which included physical therapy and a home exercise program. At one point the treatment plan was for bilateral occipital injections and six (6) physical therapy visits. It is unclear how many physical therapy visits this patient already received. Then there was a recent request for 18 physical therapy visits for occipital area, left foot and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) physical visit visits for the occipital nerve, left foot, and knee between 10/04/2013 and 11/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapters: Knee & Leg; Ankle & Foot.

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

Decision rationale: The date of injury was over a decade ago in 1998 and the right knee surgery was in 1999. The recent request was in part of left knee pain and left ankle pain. It is unclear exactly how many physical therapy visits this patient has had since the date of injury. There was documentation in 08/2013 that she had three (3) months of physical therapy and a home exercise program previously. At this point she has chronic pain and the Chronic Pain Guidelines require that there be improvement in the patient's ability to do activities of daily living. This has not been documented. The cervical range of motion is unchanged in 2013 and there is no objective measurement of her ability to do activities of daily living. Also the maximum number of physical therapy visits allowed is 9 to 10 visits over 8 weeks. The guidelines do not provide for 18 visits of physical therapy for chronic pain. By this point in time she should have been provided with a home exercise program. There is no objective documentation of functional deficits that would preclude a home exercise program and there is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the date of the injury.