

<b>Case Number:</b>	CM13-0048245		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 55-year-old female who was injured on October 31, 2012. The patient continued to experience pain in her neck, right upper extremity, bilateral knees, and her upper back. Physical examination was notable for tenderness to the right cervical paraspinal region, intact motor strength in the bilateral upper extremities, and reduced sensation to light touch to C6, C7, and C8 dermatomes on the right. MRI of the left knee done on October 5, 2012 showed moderate medial compartment arthrosis with radial tear of the medial meniscus. MRI of the left knee done on the same day showed arthrosis with medial meniscus injury. MRI of the cervical spine done on the same day showed mild to moderate C4-5 spinal stenosis and moderate bilateral foraminal stenosis. Treatment included physical therapy, acupuncture, chiropractic manipulation, and medications. Request for authorization for six sessions of physical therapy for the neck, right upper arm, bilateral knees, and upper back was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) SESSIONS OF PHYSICAL THERAPY FOR THE NECK, RIGHT UPPER ARM, BILATERAL KNEES, UPPER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 99.

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

**Decision rationale:** The Expert Reviewer's 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). In this case the patient had been treated with physical therapy and chiropractic manipulation in the past and had not found either of the therapies helpful. Lack of past progress is an indicator that future therapy is unlikely to be effective. The request should not be authorized.