

Case Number:	CM13-0052697		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2009
Decision Date:	08/26/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 43-year-old female who was reportedly injured on July 17, 2009. The mechanism of injury was noted as a slip and fall. The most recent progress note dated September 27, 2013, indicated that there were ongoing complaints of right knee pain as well as neck pain with radicular symptoms in the upper extremities. No physical examination was performed on this date. Diagnostic imaging of the cervical spine showed disk desiccation at C2-C3, C4-C5 and C5-C6. There was a disc protrusion at C4-C5 with mild effacement of the anterior thecal sac. There was a normal nerve conduction study of the upper extremities. Previous treatment included physical therapy. A request was made for physical therapy for the cervical spine, lumbar spine, and right knee and was not certified in the pre-authorization process on October 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE CERVICAL/LUMBAR SPINE AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the American College of Occupational and Environmental Medicine, 1 to 2 visits for education, counseling, and evaluation of a home exercise program for range of motion and strengthening is all that is required for physical therapy for the lumbar spine, cervical spine, and knee. The medical record stated that the injured employee has previously participated in physical therapy, although the frequency and efficacy of prior therapy is unknown. However, without justification for additional physical therapy, this request for physical therapy twice a week for three weeks for the cervical spine, lumbar spine and right knee is not medically necessary.