

<b>Case Number:</b>	CM13-0062531		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

This is a 38 year old male with complaints of neck pain/headaches, upper extremity pain, knee pain, and low back pain. The date of injury is 4/16/13 and the mechanism of injury is motor vehicle accident (restrained passenger car was hit from the side on the freeway) resulting in current symptoms. At the time of request for continued physical therapy to cervical spine, lumbar spine, right upper extremity, and knees for 8 sessions, there is subjective (neck pain and headaches, shoulder, elbow and wrist pain, low back pain, and bilateral knee pain) and objective (tenderness to palpation cervical and lumbar paraspinal muscles, axial loading compression test is positive, positive Spurling's sign right upper extremity, tenderness to the right shoulder, elbow and wrist, positive Finkelstein's test right wrist, positive Tinel's and Phalen's signs, positive straight leg raise, dysesthesia of the L5 and S1 dermatomes, tenderness of the knee joints, positive patellar compression test, and positive McMurray's sign) findings. The imaging findings include an MRI of the cervical spine dated 6/20/13 that shows C5-6 disc extrusion with right sided root encroachment, MRI of the bilateral knees date 8/1/13 that shows medical meniscal tears, mentioned in the medical record but no radiology report supplied were several x-rays of the cervical spine, right shoulder and arm, knees which did not have acute fracture, and a lumbar MRI which purportedly showed disc thinning at L4/5 and L5/S1. The diagnoses are cervical and lumbar discopathy with radiculitis, thoracic myalgia, bilateral shoulder and knee internal derangement, bilateral lateral epicondylitis, bilateral wrist sprain, and bilateral hip bursitis. The treatment to date includes physical therapy, bracing/splinting, orthotics, medications, injections, and surgery to right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy to Cervical Lumbar Right Upper Extremity and Knees two (2) times a week for four (4) weeks:** Overturned

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

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

**Decision rationale:** Based on progress note 8/4/14 by Orthopedic doctor which states the patient is benefitting from the physical therapy as well as his recommendations for completing all physical therapy sessions and an additional 6 sessions, one time a week for six weeks. The patient is status post knee arthroscopy surgery completed March of this year. Per MTUS Physical Medicine Guidelines, Recommendations Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Therefore, this request is medically necessary.