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| Case Number: | CM14-0100657 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 09/10/2009 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Occupational Medicine 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 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 was working as a flight attendant in October of 2010 when a passenger dropped a carrier luggage bag onto her left foot. According to 12/16/13 orthopedic clinic visit, she report generalized body pain including left foot neuroma pain and right knee pain related to horizontal tear of her right knee meniscus as shown from right knee MRI from 12/1/13. Diagnoses include fibromyalgia, bilateral knee chondromalacia, multilevel lumbar spondylosis, bilateral CMC arthritis and right knee meniscal tear. Plan is to consider joint injections, Motrin 600mg three times daily and continue home exercise program. Initial evaluation by pain management on 12/20/13 the patient report "full body pain, including neck pain" rated 7/10. She has had relief with ibuprofen and "some help" with past physical therapy. On physical exam she has tenderness to palpation along entire cervical spine and limited range of motion. Impression is cervical radicular pain and spinal stenosis. Plan is referral to psychologist, start nortriptyline 10 mg daily and physical therapy. MRI of lumbar spine on 1/16/14 showed disc desiccation at L1-2 to L5-S1 with disc protrusion causing stenosis of the spinal canal. Follow-up with pain management on 2/7/14 she reports 8/10 full body pain. She has had 2 sessions of PT and there is no mention of benefit. There is no change in clinical impressions, physical exam findings or treatment plan. On 3/21/14 the pain physician reports the patient as stating that pain is 8-9/10 and "nothing has made the pain better". UDS (urine drug screen) on 5/2/14 was negative for all tested substances. Orthopedic note from 6/6/14 the patient reports continued knee and neck pain with no reported improvement with treatment plan. Clinical impressions and treatment plan are unchanged. Plan is to refer her to a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474.

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

Decision rationale: The patient has received multiple courses of physical therapy to both the lumbar and cervical spine in the past with no measurable subjective or objective benefit to suggest further efficacy. I did not find any comment noting improvement in either subjective pain level or objective functional capacity with past sessions of physical therapy. According to the cited MTUS guidelines an initial trial of 10 sessions is indicated. Since efficacy has not been shown in the past, further PT at this time is not supported by the guidelines. The request is not medically necessary.

Physical therapy 3 times a week for 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474.

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

Decision rationale: The patient has received multiple courses of physical therapy to both the lumbar and cervical spine in the past with no measurable subjective or objective benefit to suggest further efficacy. I did not find any comment noting improvement in either subjective pain level or objective functional capacity with past sessions of physical therapy. According to the cited MTUS guidelines an initial trial of 10 sessions is indicated. Since efficacy has not been shown in the past, further PT at this time is not supported by the guidelines. The request is not medically necessary.