

Case Number:	CM14-0112489		
Date Assigned:	08/01/2014	Date of Injury:	04/15/2004
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California & Washington. 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 67 year old male who reported an injury on 04/15/2004 due to unspecified cause of injury. The injured worker had a history of neck pain with a diagnosis of bulging cervical disc, cervical spondyloarthritis, lumbar radiculopathy, and osteoarthritis of the knee. The MRI of the cervical spine dated 03/25/2008 revealed a diffuse disc bulging at the C6-C7 and an MRI dated 05/27/2008 of the thoracic revealed degenerative joint disease. The past treatments included a radiofrequency ablation dated 01/28/2014, at the C4 through C7 with 60% relief, a left radiofrequency ablation dated 03/11/2014 with excellent relief, and a medial branch block. The medications included, Nexium 40 mg, Celebrex 200 mg, Cymbalta 60 mg, Duragesic 100 mcg, and hydrocodone/acetaminophen 5/500 mg. The injured worker reported his pain a 3-5/10 on the VAS pain scale. The past surgical history included a bilateral hip replacement in 2004. The objective findings dated 04/21/2014 revealed a normal gait with mild tenderness to palpation over the cervical facets, restricted range of motion, negative Burling's, motor strength was a 5/5 in all extremities, normal sensation. The treatment plan included, continue the Fentanyl patch, hydrocodone, follow-up in 1 month, decrease the Fentanyl patch per micrograms, and schedule the osteoarthritis program. The rationale for the physical therapy times 24 was the injured worker is wanting to be recommended for the knee program. The Request for Authorization form dated 06/11/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) x 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Colorado, 2002; Airaksinen, 2006.

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Per the clinical note dated 04/21/2014, the clinical notes provided indicated that the injured worker experienced a 60% relief with the radiofrequency ablation. The injured worker had already participated in the osteoarthritis program and he had stated that he had received much relief from the program. The injured worker reported a 3-5/10 on a pain scale. The injured worker was going to decrease his Fentanyl patch from 100 mcg to 75 mcg due to the decrease in pain. The request did not indicate the location of the needed physical therapy. Therefore, the request for physical therapy (PT) x 24 is not medically necessary and appropriate.