

Case Number:	CM14-0150396		
Date Assigned:	09/18/2014	Date of Injury:	07/28/2011
Decision Date:	11/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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:

This is a 59 year-old male with a 7/28/11 date of injury. The mechanism of injury was a fall while lifting an 80-pound bookcase. The patient fell onto his right knee, and experienced immediate pain in the right knee and in the neck. The patient was most recently seen on 8/1/14 with complaints of continuous pain in the neck with pain radiating to his bilateral upper extremities. Pain levels vary from 5-6/10 on good days, to 7-8/10 on most days. Pain was aggravated by prolonged sitting and standing, and with active movements of the cervical spine. Lower back pain is also reported, with radiation to the bilateral lower extremities, and continuous pain in the bilateral knees. Exam findings revealed tenderness over the cervical paraspinal muscles, with restricted ranges of motion. The cervical distraction test was positive, as was Spurling's test. The upper extremity exam revealed bilaterally positive Impingement Sign, Neer's Sign, Hawkin's Sign, Elbow Flexion, Tinel's, Phalen's, and Reverse Phalen's tests. The lumbar spine exam revealed restricted range of motion, and positive straight leg raise, Braggard's, and Bowstring tests on the left. There is medial joint line tenderness and a positive McMurray's test in the bilateral knees. Neurological exam revealed upper extremity sensory deficit over the bilateral C5, C6, and C7 dermatomes. Lower extremity sensory deficit is noted over the bilateral L5 and S1 dermatomes. Deep tendon reflexes are symmetrical, and there are no motor deficits. In a report dated 6/28/14, the patient noted that he had had several epidurals with some improvement, though not long lasting, and that physical therapy yielded a very small amount of improvement. The patient's diagnoses included: 1) Cervical spine stenosis; 2) Status post right knee arthroscopy with residuals; 3) Right knee internal derangement; 4) Lumbar spine sprain/strain, rule out herniated nucleus pulposus; 5) Bilateral lower extremity radicular pain and paresthesias; 6) Left knee sprain/strain, rule out internal derangement; 7) Bilateral medial epicondylitis, rule out ulnar neuropathy; 8) Bilateral ankle sprain/strain; 9) Thoracic spine

sprain/strain; 10) Bilateral wrist sprain/strain, rule out carpal tunnel syndrome; 11) Bilateral shoulder sprain/strain rule out internal derangement; 12, Hypertension, headaches and GI/GERD secondary to industrial injury; 13) Anxiety, depression, and sleep disorder secondary to industrial injury; 14) Bilateral hearing loss secondary to industrial injury. The medications included Vicodin, muscle relaxant, allopurinol. Significant Diagnostic Tests: MRI, Cervical Spine (8/11/11); MRI, Right Knee (8/15/14); X-rays, Cervical Spine, bilateral shoulder, bilateral knee, and lumbar spine (8/1/14). Treatment to date: Medications, physical therapy, epidural steroid injections, knee surgery. An adverse determination was received on 8/19/14 due to the patient having already completed an extensive course of physical therapy, and there being no specific work-related or vocational deficits or goals that were specified in the medical records to substantiate additional supervised physical therapy. It was felt that, at this stage of care, consideration of transition to Home Exercise Program should be undertaken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. This patient has been under care for chronic pain related to an industrial injury that occurred 3 years ago. He has been treated with medications, and with epidural steroid injections, which offered only short lasting benefits. He has also received ongoing physical therapy, which, in a report dated 6/28/14, he described as producing very little improvement. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. It was evident from the medical record that the patient is trying to avoid surgery. However, there is a lack of documentation regarding specific improvements in functional capacity that would substantiate the request for additional supervised physical therapy. Therefore, the request for Physical therapy 2 times a week times 4 weeks is not medically necessary.