

Case Number:	CM14-0164387		
Date Assigned:	10/09/2014	Date of Injury:	07/10/2013
Decision Date:	12/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 is a 57 year old female who had a work injury dated 7/10/13. The diagnoses include right knee medial meniscal tear, right knee chondromalacia and a right knee repetitive strain as well as a cervical disc protrusion with mild to moderate stenosis. Under consideration are requests for physical therapy for the cervical spine 2 x 4. There is a Physician's Progress Report dated May 7, 2014 that states that the patient complains of frequent, dull, aching pain over the posterior aspect of her neck. She reports radiating pain down the posterolateral aspect of her upper extremities to the level of the elbows, bilaterally. She states that she experiences numbness/tingling of her bilateral wrists/hands, and decreased grip strength bilaterally. On examination of the cervical spine inspection reveals no abnormal cervical posturing, asymmetry or muscle wasting. There is tenderness elicited to palpation over the ligamentum nuchae, from C4 thru C7, and over the upper trapezius muscles, bilaterally. There is no paracervical muscle spasm appreciated, but there is muscle guarding noted with range of motion testing which was decreased. Special cervical orthopedic tests such as Spurling and Lhermitte testing were negative. Strength was 5/5 in the BUE and sensation and reflexes were intact. Finkelstein testing was positive bilaterally. Bilateral lower extremity strength, sensation and reflexes were within normal range. An 8/15/14 progress note states that she is complaining of right knee pain being a 7/10 with aching, difficulty and pain with walking upstairs. Also complaining of bilateral wrist pain with right > left. She has completed 3 PT sessions. PT helps a little bit, but after PT her right knee pain persists. There is a physical therapy note dated 8/27/14 with cervical spine range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical Spine 2 x 4: Upheld

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

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

Decision rationale: Physical Therapy for the Cervical Spine 2 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior cervical PT. There is documentation that the patient has had prior cervical PT and has been instructed on a home exercise program. The documentation does not reveal extenuating circumstances requiring an additional 8 supervised PT sessions.