

Case Number:	CM14-0171987		
Date Assigned:	10/23/2014	Date of Injury:	03/19/2013
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 patient is a 30 year-old male who injured his head, neck, and worsened a left knee injury on 3/19/13. He complained of neck pain and burning in his hands and fingers and left knee pain radiating to the leg. On exam, he had decreased range of motion of neck and left knee, tenderness, and left knee crepitus. A left knee MRI showed no tears. He was diagnosed with post-concussion syndrome, anxiety, depression, post-traumatic headaches, cervicgia, chronic pain, vestibular dysfunction, and left knee post-traumatic osteoarthritis. He had a greater occipital nerve block and trigger point injections of the right cervical and trapezius. His medications included anti-inflammatories, muscle relaxant, Imitrex, Lexapro, and Protonix. The patient had a brief course of physical therapy for the cervical spine without relief. There were no reports on benefits and if a home exercise program was initiated. The current request is for physical therapy for neck and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the cervical spine and left knee 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Preface, Knee and Leg, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, physical medicine guidelines

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past for his cervical spine, but the exact number of sessions has not been clearly documented. Also, his functional improvement has not been documented. There was no documentation from his physical therapy sessions. A vague statement that there was no improvement was written in a summary without supporting documentation. If there was no initial improvement, then proceeding with more physical therapy may be of no benefit. As per the ODG, patients with sprains of the knee should have 12 visits over 8 weeks. A six-visit clinical trial of physical therapy should be initiated to see if there is improvement initially before proceeding with more physical therapy. Therefore, the request as stated is considered not medically necessary.