

Case Number:	CM14-0179051		
Date Assigned:	11/03/2014	Date of Injury:	06/08/1998
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 Interventional Spine 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 is an unknown age male with an injury date on 06/08/1998. Based on the 09/17/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic myoligamentous cervical spine strain/sprain 2. Multi-level cervical spondylosis, per MRI scan. 3. Confirmed multi-level C6 radiculopathy, per EMG studies. 4. History of left shoulder arthroscopy, 07/30/2009. 5. History of left knee arthroscopy, 09/08/2004, with partial lateral meniscectomy, partial medial meniscectomy. 6. Degenerative joint disease, left knee. 7. Pes anserine bursitis and tendonitis, left knee. 8. History of right knee arthroscopy with partial medial and lateral meniscectomy, 07/22/2003. According to this report, the patient complains of increasing neck pain with symptoms extending into the right upper arm with numbness and tingling in both hands. Pain is described as "a constant sharp pain that is moderate to greater than moderate in intensity," that is rated as a 6/10 with rest and 8/10 with activity. Physical exam reveals tenderness over the left pes anserine bursa and associated tendon. Cervical range of motion is decreased. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: According to the 09/17/2014 report by [REDACTED] this patient presents with increasing neck pain with symptoms extending into the right upper arm with numbness and tingling in both hands. The physician is requesting 10 sessions of physical therapy for the lumbar spine. The utilization review denial letter states "Given the limited documentation provided, the chronicity of injury, and the limited physical examination findings the requested physical therapy is considerate not medically necessary." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The physician does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.