

Case Number:	CM14-0023116		
Date Assigned:	05/30/2014	Date of Injury:	10/02/2009
Decision Date:	07/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain 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:

The injured worker is a 66 year old male injured in October 2009. The mechanism of injury is not specified. The injured worker is status post cervical spine surgery C4-5 corpectomy and C3-6 fusion with cage and instrument performed on 12/21/11. On office visit dated 01/02/14, reports symptoms of pain in neck which continued in both arms and loss of power of grip occasionally. Cervical surgery scar is well healed and clinically both upper extremity sensations are fair, motor power grade 5 in bilateral upper extremities with restricted neck range of motion partially. The injured worker is also status post carpal tunnel surgery with well healed scars on bilateral wrist joints. Tinel's sign positive bilaterally. He also complained of bilateral knee joint pains in left more than right. However knee joint examination details did not mention in the records. Medication prescribed include Motrin 800 mg 1 tab, three times a day and Ultram 50 mg 1tab, two times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY BILATERAL KNEES TWICE A WEEK TIMES 4 WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY AND MANIPULATION; PHYSICAL THERAPY Page(s): 92-93.

Decision rationale: There is no clinical examination record supporting restriction of physical activity and clinical diagnosis of knee pain. Motrin 800 mg 1 tab three times a day and Ultram 50 mg 1 tab, twice daily were prescribed in last follow up office visit. There is no clear rationale for the request other than a report of subjective knee pain. As the clinical documentation and guidelines are not supporting, physical therapy for twice a week for four weeks is not medically necessary. The request is not medically necessary based on Chronic Pain Medical Treatment Guidelines.