

Case Number:	CM14-0033296		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2010
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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 Preventative Medicine and is licensed to practice in Indiana. 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 employee is a 57 year old woman who was injured more than 4 years ago in January 2010. She has been diagnosed with lumbago, thoracic and lumbosacral neuritis, cervical spine sprain, degenerative lumbar disc disease, bilateral knee pain. She has had physical therapy in the past, but it is unclear from the medical documentation how many sessions she had or how it changed her functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg.

Decision rationale: There is no documentation on the previous Physical Therapy (PT) which specifies the previous number of sessions or the functional improvement. According to the guidelines cited above, 10 sessions are general recommendations. Furthermore, there is no

comment on which residual deficits cannot be resolved with a home exercise program. Therefore, physical therapy 2x3 for knees bilaterally is not medically necessary and appropriate.

Physical Therapy 2x3 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: There is no documentation on the previous Physical Therapy (PT) which specifies the previous number of sessions or the functional improvement. According to the guidelines cited above, 1-2 physical therapy visits for education, counseling, and evaluation of home exercise are recommended. Furthermore, there is no comment on which residual deficits cannot be resolved with a home exercise program. Therefore, physical therapy 2x3 for cervical spine is not medically necessary and appropriate.

Physical Therapy 2x3 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: There is no documentation on the previous PT which specifies the previous number of sessions or the functional improvement. According to the guidelines cited above, for patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved. Furthermore, there is no comment on which residual deficits cannot be resolved with a home exercise program. Therefore, physical therapy 2x3 for lumbar spine is not medically necessary and appropriate.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: MTUS does not have guidelines on this topic, and there are not any guidelines from professional societies. However, Aetna considers medically necessary physician

supervision of weight reduction programs the employee has a The body mass index (BMI) of 30 or above. This condition are not met, therefore an internal medicine consultation is not medically necessary and appropriate.

Cyclo-Keto-Lido: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS Chronic Pain guidelines state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine. Furthermore, the guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the cyclo-keto-lido is not medically necessary and appropriate.