

Case Number:	CM14-0037451		
Date Assigned:	06/25/2014	Date of Injury:	12/15/2011
Decision Date:	08/20/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 58-year-old female who reported an injury on 12/15/2011. The mechanism of injury was noted to be a fall. Her prior treatments were noted to be occupational therapy, physical therapy, H-wave treatment, transcutaneous electrical nerve stimulation, cold/heat, and medications. Her diagnoses were noted to be cervical strain, left shoulder impingement, lumbar strain without radiculopathy, and degenerative arthritis of both knees. The injured worker had a clinical evaluation on 02/06/2014. The injured worker indicated dull to sharp pain in the lumbar spine, occurring most of the time, with radiating pain to the left leg down to the ankle, with weakness. She also indicated dull to sharp pain in the left knee, recurring most of the time, with weakness. The physical examination noted range of motion of the spinal column flexion at 85 degrees, extension 20 degrees, right rotation 30 degrees, left rotation 30 degrees, right bending 25 degrees, and left bending 25 degrees. There was tenderness of the right erector spinae musculature. Range of motion of the knees with flexion was right knee 125 degrees and left knee 110 degrees. There was no negative pivot shift and good instability to varus and valgus stress. McMurray's test was normal. There was no patellar crepitation. Patellar compression test was negative. There was decreased mobility of the patellae bilaterally. There was swelling of the knees bilaterally and tenderness of the medial joint line on the left side. The treatment recommendations are for an MRI of the lumbar spine, pain management, and left knee Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 4-6 for cervical (quantity 12): Upheld

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

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

Decision rationale: The California MTUS, Chronic Pain Medical Treatment Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active, self-directed home physical medicine. The guidelines allow for up to 10 visits over 8 weeks. The clinical evaluation failed to provide objective functional deficits. In addition, the evaluation failed to provide motor strength scores. The provider's request for a quantity of 12 is in excess of the recommended 10 according to the guidelines. Therefore, the request for physical therapy 2 to 3 times a week for 4 to 6 weeks for cervical (quantity 12) is not medically necessary.