

Case Number:	CM14-0045198		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2012
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 45 year old male with a work injury dated 10/25/12. The diagnoses include cervical sprain/strain, herniated cervical disk with radiculitis/radiculopathy. Under consideration is a request for physiotherapy 3 times per week times 5 weeks cervical spine and right knee. The patient complains of pain in the neck with radicular symptoms into the arms. On examination there is decreased cervical range of motion and cervical paraspinal tenderness. The treatment plan includes a request for a cervical epidural injection and physical therapy for the cervical spine, medication refill. The patient is on temporary total disability. There is a 12/20/13 office visit where the patient complains of pain in the neck with radicular symptoms into the arms as well pain in the right knee which is aggravated with walking. On physical exam, there is decreased cervical spine range of motion. There is tightness in the cervical paraspinal musculature. The foraminal compression test is positive. Examination of the right knee reveals that extension is full and flexion is 125 degrees. The McMurray's is positive. Medial tenderness is positive. The diagnoses include cervical sprain/strain, herniated cervical Disk radiculitis/radiculopathy with positive MRI and EMG. There is a diagnosis of right knee sprain, internal derangement. The treatment plan includes physical therapy and epidural steroid injections for the cervical spine. There is a 4/2/13 that states that the patient was seen in Nov.2012. X-rays were taken of his wrists, knees, and hands. He was taken off work, and he has not returned to work since then. In the meantime, he received nine sessions of physical therapy which was not beneficial. There is a 9/27/12 document that states that between January 2013 and October 2013 the patient has received physical therapy, shockwave treatment, x-rays and prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times per week times 5 weeks cervical spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 03/07/14), ODG Knee & Leg (updated 01/20/14).

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

Decision rationale: Physiotherapy 3 times per week times 5 weeks cervical spine and right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request as written exceeds the recommended number of visits for this condition which is up to 10 visits. The documentation indicates that patient has had numerous therapy sessions in the past. It is unclear what part of the body the therapy was for and the outcome of this therapy. Without evidence of functional improvement as defined by the MTUS. Without documentation of efficacy of prior therapy and the excess number of therapy sessions requested, the request for physiotherapy 3 times per week times 5 weeks cervical spine and right knee is not medically necessary.