

Case Number:	CM14-0056673		
Date Assigned:	09/10/2014	Date of Injury:	01/30/2013
Decision Date:	10/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Management 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 a 52-year-old female with an injury date of 01/30/2013. Based on the 04/08/2014 progress report, the patient complains of having persistent neck pain, headaches, backache, left wrist pain, and left knee pain. The patient rates her pain as a 4-5/10 to a 9-10/10. The patient's back pain spreads to her hips and down to her legs. Examination shows tenderness over bilateral suboccipital region, left more than right, and diffuse myofascial pain of the posterior cervical and lumbosacral region. There were hypertonicity and muscle spasms of the cervical and lumbar paraspinals. Neck movement causes pain at end range. There was tenderness over the dorsal aspect of the left wrist but no swelling or redness. Range of motion is decreased at the extension of the wrist. There is mild tenderness along the medial joint line of the left knee. The 02/25/2014 progress report states that the patient cannot do anything when she has these headaches and needs to lay down. The patient's lower back pain and leg pain are increased with prolonged static position, sitting, or standing. The patient complains of ongoing problems of memory loss and forgetfulness. The patient reports episodes of dizziness, tinnitus, and loud noises continue to bother her and give her headaches. She has persistent problems with memory and organization. The 09/20/2013 MRI of the cervical spine revealed the following:

1. Degenerative disk and bony changes with a disk protrusion at C5-C6 causing mild narrowing of the canal and severe bilateral neuroforaminal narrowing.
2. C4-C5 has minor left neuroforaminal narrowing from bony changes.
3. The other levels have no narrowing of the canal or neuroforamina.

The patient's diagnoses include the following:

1. Mild traumatic head injury.
2. Cervical whiplash injury, cervical spine.
3. Lumbosacral sprain and radicular symptoms of legs.
4. Post-concussion syndrome secondary to head trauma.
5. Left wrist sprain.

The utilization

review determination being challenged is dated 04/21/2014. Treatment reports were provided from 08/27/2013 - 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY CERVICAL LUMBAR LEFT WRIST KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: Based on the 04/08/2014 progress report, the patient complains of having persistent neck pain, headaches, back pain, left wrist pain, and left knee pain. The request is for physical therapy for the cervical spine, lumbar spine, left wrist, and knee. The report with the request does not indicate how many total sessions of physical therapy the treater is requesting for. The utilization review letter states that the patient has not had treatment in the fifteen months since the injury and is giving partial certification of 6 sessions of physical therapy to the cervical and lumbar spine only. Further sessions will require evidence of functional and objective progress. The utilization review letter continues to state, "There is limited documentation of significant objective findings in the wrist and knee to support the need for physical therapy at these areas." For this patient, there is no indication that the patient has had any previous physical therapy sessions. MTUS guidelines, pages 98 and 99, states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, there is no indication of how many total physical therapy sessions the treater is requesting. The medical necessity of requested Physical Therapy has not been established.