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| <b>Case Number:</b>   | CM14-0067743 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 11/12/2001 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 04/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2014 |

### 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 Occupational 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 patient is a 67-year-old female who has submitted a claim for failed neck surgery, cervical radiculitis, cervical myofascial pain, right knee pain and hypertension associated with an industrial injury date of 11/12/2001. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to the shoulders and mid back area, and likewise complained of right knee pain rated 8 to 9/10 in severity. The physical examination showed tenderness and positive trigger points with hypertonicity over the occiput, mid-cervical extensors, and trapezius. The range of motion of the cervical spine was restricted on all planes, and sensory and motor exam were normal. Patient likewise had tenderness at the right knee with edema. Per utilization review, dated 4/25/2014, current treatment plan includes right knee arthroscopy with meniscal repair, patellofemoral surgery, microfracture, posterior lateral corner surgery, and subchondroplasty. Treatment to date has included: cervical fusion surgery, trigger point injections, and medications. Utilization review from 4/25/2014 was not medically necessary, for the request for 12 sessions outpatient postoperative physical therapy 3 times a week for 4 weeks because the surgical procedure was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions outpatient preoperative physical therapy three times a week for four weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As stated on the California MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99, physical medicine is recommended, and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short-term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. The guideline recommends 9-10 visits over 8 weeks for myalgia and myositis; and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, patient complained of right knee pain rated 8 to 9/10 in severity. Physical examination showed tenderness at the right knee with edema. Sensory and motor exam were normal. There was no evidence of prior physical therapy. Current treatment plan of right knee arthroscopy with meniscal repair had been noncertified, hence this request for preoperative physical therapy. However, the requested number of therapy sessions exceeded guideline recommendation as stated above. There is no discussion concerning need for variance from the guidelines. Moreover, the request failed to specify body part to be treated. The request is incomplete, therefore, the request for 12 sessions outpatient preoperative physical therapy three times a week for four weeks is not medically necessary.