

Case Number:	CM14-0080820		
Date Assigned:	07/18/2014	Date of Injury:	10/05/2009
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 50 year old employee with date of injury of 10/5/2009. Medical records indicate the patient is undergoing treatment for bilateral knee pain; status post fluoroscopically-guided left L4-L5 and left L5-S1 facet joint radiofrequency nerve ablation; status post fluoroscopically-guided right C5-C6 and right C6-C7 facet joint radiofrequency nerve ablation status post positive fluoroscopically-guided diagnostic left L4-L5 and left L5-S1 facet joint medial branch block; status post positive fluoroscopically-guided diagnostic right C5-C6 and right C6-C7 facet joint medial branch block. He has right cervical facet joint pain at C5-C6 and C6-C7; lumbar facet joint pain at L4-L5 and L5-S1; tendinitis of the supraspinatus; small partial tear of the bursal surface fibers. Subjective complaints include bilateral lower neck pain with headaches. Prolonged sitting exacerbates the pain. He has chronic shoulder pain, neck pain, low back pain and extremity pain. Objective findings include tenderness to palpation of the bilateral, cervical paraspinal muscles overlying the C2-C3 and more overlying the C5-C7 facet joints. He also has tenderness to the lumbar paraspinal muscles overlying the bilateral L3-L5 facet joints. The cervical, lumbar, left knee and left shoulder ranges of motion (ROM) were restricted by pain in all directions. Pain with cervical extension and it was worse than cervical flexion. His lumbar extension was worse than flexion. There was tenderness upon palpation of the left acromioclavicular (AC) joint and left bicipital groove. Impingement signs are positive on the left. Gaenslen's, Patrick's maneuver and SI compression were positive on the left. Nerve root tension signs were positive on the left. Treatment has consisted of Gabapentin; Citalopram; Atenolol; Amitriptyline; Bupropion; Valium; Temazepam; Norco; Skelaxin; Soma; Motrin; Methocarbamol; Oxycodone; Aleve and Nucynta. The utilization review determination was rendered on 5/15/2014 recommending non-certification of physical therapy 2 times per week for 4 weeks for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks for bilateral knees: 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 (Knee & Leg).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states, "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The patient has undergone previous physical therapy treatment that was not effective according to medical documents provided. The treating physician has not documented a new or reinjury to the knees, failure of a home exercise program, and provided a clear rationale to justify additional PT for the knees at this time. As such, the request for physical therapy 2 times per week for 4 weeks for bilateral knees is not medically necessary.