

Case Number:	CM14-0081875		
Date Assigned:	07/21/2014	Date of Injury:	07/12/2009
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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, 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 41-year-old male with an injury date of 07/12/09. Based on the 05/06/14 progress report provided by [REDACTED] the patient complains of neck pain radiating to both shoulders and thoracic area, which include spasms, stiffness and occasional weakness. In addition, constant low back pain that radiates to groin and thigh area. According to [REDACTED] progress report dated 05/01/14, on examination, focally tender in lumbar spine L4 through S1. There is left sided paraspinal tenderness L1 through S1 as well as left superior iliac crest. There is tenderness along the left sacroiliac joint. He has positive flexion, abduction and external rotation (FABER) as well as positive Gaenslen's test. Examination of the left knee patient is tender along the patellofemoral joint as well as patellar tendon, as well as lateral aspect of the left knee. He has been wearing a knee support with reasonable benefit. The patient's diagnosis includes the following left wrist sprain/left middle finger proximal interphalangeal joint sprain; cervical sprain/strain with spondylosis at C5-C6, C6-C7; thoracic sprain/strain; lumbar sprain/strain with positive discogram at L4-L5 and LS-SI per discogram performed on or about 02/14/2011; left sided sacroiliitis; contusion of the lateral tibial plateau with patellar tendinosis; sleep disorder and psychological disorder; gastrointestinal complaints; and fibromyalgia syndrome and ankylosing spondylitis per the rheumatologist, [REDACTED]. The 03/13/13 magnetic resonance imaging (MRI) of the left knee revealed the following Type II signal changes of the medial meniscus with no medial meniscal tear; contusion of the lateral tibial plateau; and mild patellar tendinosis. The requesting provider is requesting for physical therapy for the neck, upper back and left knee 2 times a week for 6 weeks. The utilization review determination being challenged is dated 05/20/14. No rationale was provided. The requesting provider provided treatment reports from 11/15/13-05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Neck, Upper Back and Left Knee two times a week for 6 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with neck pain radiating to both shoulders and thoracic area, which include spasms, stiffness and occasional weakness. In addition, constant low back pain that radiates to the groin and thigh area. The request is for physical therapy for the neck, upper back and left knee 2 times a week for 6 weeks. Patient has had no physical therapy recently, for at least 2 years, according to review of available reports. For neuralgia, neuritis, and radiculitis, unspecified type symptoms, 8-10 visits over 4 weeks are recommended. The requested 12 sessions of physical therapy exceeds what is allowed by MTUS guidelines. Recommendation is not medically necessary.