

Case Number:	CM14-0095951		
Date Assigned:	07/25/2014	Date of Injury:	12/14/1995
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Pain Management, 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 75 year-old male with a 12/14/1995 date of injury. According to the 4/23/14 orthopedic report from Dr [REDACTED], the patient presents with left and right knee pain, cervical, mid and low back pain, left shoulder pain and right wrist pain. She has been diagnosed with right knee meniscal tear; thoracic myofascial pain, lumbar spondylosis and stenosis at L2-L5; cervical pain with upper extremity symptoms. Dr [REDACTED] requests Physical Therapy (12 visits) . On 6/3/14 UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) Physical Therapy visits for cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

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

Decision rationale: The patient is a 75 year-old male with a 12/14/1995 date of injury. According to the 4/23/14 orthopedic report from Dr [REDACTED], the patient presents with left and

right knee pain, cervical, mid and low back pain, left shoulder pain and right wrist pain. She has been diagnosed with right knee meniscal tear; thoracic myofascial pain, lumbar spondylosis and stenosis at L2-L5; cervical pain with upper extremity symptoms. Dr [REDACTED] requests Physical Therapy 3x4. On 6/3/14 UR denied the request. The request presented to IMR is for additional Physical Therapy for the cervical and thoracic spine 3x4 weeks. The patient has not had cervical or thoracic spinal surgery, so the MTUS Chronic Pain Medical treatment guidelines apply. MTUS states 8-10 sessions of PT are indicated for various myalgias and neuralgias. The request for Physical Therapy visits (3x4) will exceed the MTUS guidelines. Therefore, the request of additional twelve (12) Physical Therapy visits for cervical and thoracic spine is not medically necessary and appropriate.