

Case Number:	CM14-0194875		
Date Assigned:	12/02/2014	Date of Injury:	03/19/2008
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation 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:

This is a 51-year-old female with a date of injury of 3/19/08. Mechanism of injury was cumulative trauma from multiple falls on purpose, incurred from her occupation as an "entertainer". She has had extensive treatment, including medications, modified activity, physical therapy, chiropractic care and acupuncture. Diagnoses have included multilevel lumbar HNP, lumbar facet arthropathy, lumbar radiculopathy, cervical HNP, cervical radiculopathy, right shoulder subacromial bursitis, left knee chondromalacia patella and thoracic sprain/strain. She was declared Permanent and Stationary on 6/20/14 by the PTP with recommendations for future medical care that include follow-up, medications, physical therapy/chiro/acupuncture for flare-ups, diagnostics, injections and possible surgery. She was later also determined to be Permanent and Stationary on 9/02/14 by an Agreed Medical Examiner in the field of orthopedics. AME final diagnoses were cervical spondylosis/herniated nucleus pulposus, right upper extremity radiculopathy, thoracic outlet syndrome, thoracic sprain/strain, lumbar herniated disc, left knee pes anserine bursitis/sprain/strain, left lower extremity radiculopathy, bilateral shoulder sprain/strain, headaches and dizziness/lightheadedness. The AME agrees with the date of MMI on 6/20/14, per PTP. AME future medical recommendations include orthopedic follow-up, ESI, expert follow-up for TOS, Botox injections for TOS, physical therapy and possible surgery. The last report submitted is on 9/30/14. There was report of ongoing symptoms, but no report of exacerbation of symptoms. AME recommendations are noted. Additional physical therapy is recommended. This was submitted to Utilization Review on 11/18/14 with an adverse determination made.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the back and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee/Low Back, Physical medicine treatment

Decision rationale: Guidelines in general recommend up to 12 sessions of physical therapy for the knee injury and 8-12 sessions of physical therapy for the low back injury. In this case, the patient has had extensive prior conservative care that has included physical therapy, chiropractic care and acupuncture. She was made permanent and stationary by the PTP in June of 2014, and an AME concurs with that permanent and stationary determination date. The patient does have future medical care provision, however, submitted reports do not indicate that the patient was having any new symptoms, exacerbation of old symptoms, or a new injury that would justify re-initiation of skilled therapy versus doing a self-directed home exercise program in this patient who was just recently made permanent and stationary prior to the request. Medical necessity for physical therapy times 6 sessions for the knee and back is not established.