MAXIMUS Federal Services

Case Number:	CM14-0195087		
Date Assigned:	12/02/2014	Date of Injury:	03/29/2014
Decision Date:	02/18/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 59 year old female with a date of injury of 3/27/14. According to progress report dated 10/17/14, the patient presents with right sided neck pain, right mid back pain, right low back pain and right knee pain. The patient has completed 12 physical therapy sessions which "help treat and reliever her ongoing symptoms." The patient is using Vicroprofen and Ibuprofen for pain relief and Flexeril for muscle spasms. Examination of the cervical spine revealed moderate tenderness and spasm in the right paravertebral and trapezius musculature. Cervical, thoracic and lumbar spine ranges of motion are decreased. The lumbar spine revealed diffuse tenderness with mild spasm. There is hypesthesia to pinprick and light tough at the radial border of the right forearm as well as ulnar side of the right hand. Motor strength is 5/5 in all motor groups. Straight leg raised on the right produces right lower back pain and right leg sciatica. The listed diagnoses are:CervicalgiaLumbagoBrachial Neuritis NOSSciatic right lower extremityPatellofemoral osteoarthritis right knee The patient is on modified duty. Treatment plan is for additional physical therapy, refill of medications and follow up in 6 weeks. The Utilization review denied the request on 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Decision rationale: This patient presents with right sided neck pain, right mid back pain, right low back pain and right knee pain. The current request is for additional 12 sessions of physical therapy. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical files documents that this patient participated in 12 physical therapy sessions between 7/23/14 and 10/17/14. Progress physical therapy report dated 8/22/14 notes that "HEP was updated with additional exercises." Additional PT sessions were recommended to "keep her symptoms under control." In this case, there is no rationale provided to indicate why the patient is not able to transition into a self-directed home exercise program. In addition, there is no new report of new injury, new surgery or new diagnoses that substantiate the current request for additional sessions. The patient has participated in 12 sessions, and the requested additional 12 sessions exceeds MTUS recommendation for 9 to 10 sessions. The requested additional PT is not medically necessary.