

Case Number:	CM14-0209577		
Date Assigned:	12/22/2014	Date of Injury:	02/16/1988
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice and is licensed to practice in New Jersey and New York. 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 injured worker is a 75 year-old female who was injured on 2/16/88. She was diagnosed with cervical spondylosis and flexion contracture of the knees. She had recurrent pain with tingling and swelling, poor strength and stability. She had lumbosacral pain and bilateral knee stiffness. On exam, she had decreased range of motion of bilateral knees, tenderness, positive impingement test bilaterally, tender lumbar paraspinal muscles. MRI of cervical spine in 6/2013 showed multilevel degenerative spondylosis, dessicated disc at C5-6 and C6-7 with disc osteophyte complex and moderate spinal canal stenosis. She was diagnosed with degenerative disc disease and bursitis and tendonitis of the shoulder, lumbar stenosis, cervical spondylosis, and bilateral knee flexion contracture. The patient was certified for 12 physical therapy sessions in 5/2014. She was documented to be independent with a home exercise program. The current request is for an additional 12 physical therapy sessions for cervical spine and bilateral knees which was denied by utilization review on 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions (2 times a week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past; however, her functional improvement was not documented. The patient was documented to be independent with a home exercise program. There is no indication as to why supervised physical therapy is necessary at this point. Therefore, the request is not medically necessary.