

Case Number:	CM14-0044212		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2011
Decision Date:	02/25/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 56 year old employee with date of injury of 5/8/11. Medical records indicate the patient is undergoing treatment for cervicalgia and lumbar sprain and strain; traumatic arthritis 2nd and 3rd digit. She is s/p (5/16/13) right knee arthroscopy with meniscectomy, chondroplasty, synovectomy and microfracture of the medial femoral condyle. She has also been diagnosed with: asthma, diabetes and rheumatoid arthritis. Subjective complaints include left hand (continuous) pain that is stabbing, radiating and throbbing. The pain is on average, rated 8/10. The pain radiates to the upper arm and is worse since initial onset of pain. The patient also reports neck and low back pain. She has a pulling sensation in her right knee. Objective findings include Tinel's, Phalen's and Finkelstein's tests are all negative. There is a left 2nd and 3rd DIP joint deformity but sensation is intact, there is no instability, swelling or erythema present. A cervical spine exam reveals (in degrees) flexion and extension, 30; right and left lateral bending, 35 and right and left rotation, 70. Babinski and Hoffman's signs were negative bilaterally. The thoracolumbar spine range of motion is as follows (in degrees): flexion, 60; extension, right and left lateral bending, 20; right and left rotation, 25. Straight leg raise was negative bilaterally. Sensory and motor exam were normal. An MRI of the cervical spine showed degenerative disk disease at C4/5 to C6/7. MRI of the lumbar spine showed minimal degenerative changes. Treatment has consisted of PT, Naproxen and Keto-Lido cream. The utilization review determination was rendered on 3/10/14 recommending non-certification of additional pt x 12, cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12, cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194, 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back - Lumbar & Thoracic Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Per guidelines, 10 visits over 8 weeks for lumbar strains and cervical strains. The request for 12 sessions and is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for additional physical therapy x 12, cervical and lumbar spine is not medically necessary.