

<b>Case Number:</b>	CM15-0006736		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female, who sustained an industrial injury on 9/8/2011. The current diagnoses are right knee medial meniscus avulsion, right knee patellofemoral misalignment, right knee internal derangement, status post right knee arthroscopy (3/5/2012), cervical facet joint pain, cervical facet joint arthropathy, right paracentral disc protrusion at C5-C6 with severe right C6 neural foraminal stenosis and moderate to severe left C6 neural foraminal stenosis, and central disc protrusion at C6=C7 with moderate central stenosis. Currently, the injured worker complains of right knee and cervical spine pain. The pain is rated 5/10 on a subjective pain scale. Current medications include Norco and Ambien. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting 8 physical therapy sessions to the cervical spine and right knee, which is now under review. On 12/29/2014, Utilization Review had non-certified a request for 8 physical therapy sessions to the cervical spine and right knee. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x wk x 4 wks for the cervical spine and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg and Neck & back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.. Decision based on Non-MTUS Citation ODG Neck and Upper back PT, ODG Knee and Leg PT

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. ODG Neck and Upper back recommends 9 visits over 8 weeks for Cervicalgia (Neck pain). ODG Knee and Leg recommends 9 visits over 8 weeks for knee derangement. The patient has already undergone 16 sessions of physical therapy. According to the clinical documentation provided and current MTUS guidelines; 8 additional sessions of Physical therapy is not indicated as a medical necessity to the patient at this time.