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| Case Number: | CM15-0109304 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 06/25/2013 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 06/25/2013. The injured worker was diagnosed with cervical spine sprain/strain, left wrist tenosynovitis, left medial/lateral epicondylitis, right hip sprain/strain/bursitis, knee pain and depression. Treatment to date has included diagnostic testing with Electromyography (EMG)/Nerve Conduction Velocity (NCV) reported as a negative test, cervical spine magnetic resonance imaging (MRI) in September 2014, conservative measures, physical therapy, psychiatric evaluation, home exercise program and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience right knee pain. Examination of the cervical spine demonstrated tenderness with spasm and a negative axial compression test. The right knee noted decreased range of motion with tenderness of the medial and lateral area and positive effusion. The injured worker ambulates with a limp. Current medications are listed as Norco, Anaprox, Norflex and Imitrex. Treatment plan consists of continuing with home exercise program, right knee magnetic resonance imaging (MRI), refill medications and the current request for physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the cervical spine: 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: Based on the 02/11/15 progress report provided by treating physician, the patient presents with pain to neck, wrist and elbow. The request is for PHYSICAL THERAPY 2X4 FOR THE CERVICAL SPINE. Patient's diagnosis per Request for Authorization form dated 02/11/15 and 04/16/15 includes cervical spine sprain/strain radiating to left upper extremity. Diagnosis on 04/16/15 included cervical spine sprain/strain, left wrist tenosynovitis, and left medial/lateral epicondylitis. Physical examination on 04/16/15 revealed tenderness to the cervical spine, right greater than left and muscle spasm. Treatment to date included imaging and electrodiagnostic studies, physical therapy, psychiatric evaluation, home EMS, home exercise program and medications. Patient's medications include Norco, Anaprox, Norflex and Imitrex. The patient is to return to work full-duty, per 04/16/15 report. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 04/16/15 report, treater states "physical therapy due to pressure from her new employer." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided medical rationale for the request, nor a precise treatment history. UR letter dated 05/04/15 states the patient "has completed approximately 12 sessions of PT." The patient is already on home exercise program. In this case, treater has not documented efficacy of prior therapy, and there is no explanation of why on-going supervised therapy is needed. There is no discussion of flare-up's or new injury, either. Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.