

Case Number:	CM15-0019706		
Date Assigned:	02/09/2015	Date of Injury:	02/01/2011
Decision Date:	05/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 35 year old male who sustained an industrial injury on 02/01/2011. Diagnoses include cervical spine strain/sprain, cervical spine disc protrusion, thoracic spine strain/sprain with disc protrusion, status-post thoracic spine fusion on 05/12/2014, lumbar spine strain/sprain with radiculitis, lumbar spine disc disease, bilateral knee strain/sprain, left knee tendinosis, rule out right knee internal derangement and right knee meniscal tear, sleep disturbance secondary to pain and depression. Treatment to date has included diagnostics, physical therapy, acupuncture, chiropractic sessions, medications and bracing. A physician progress note dated 01/02/2015 documents the injured worker has pain in the neck, mid/upper back, lower back and bilateral knees. Pain is rated 8 out of 10 on the pain scale in the neck, and mid and upper back, 7 out of 10 in the lower back which has decreased, and 5 out of 10 in the bilateral knees which has decreased from the last visit. There is restricted range of motion and spasm in the cervical, thoracic and lumbar back. McMurray's test is positive in the bilateral knees. Treatment requested is for physical therapy 2xwk x 6 wk cervical, thoracic and lumbar spine. The medication listed is Norco, taken as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6 wks Cervical, Thoracic, Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. It is recommended that patients progress to a home exercise program after completion of supervised PT. The utilization of PT can result in improvement in range of motion as well as reduction of pain and medications utilization. The records indicate that the patient completed supervised PT programs and had progressed to a home based exercise. There is no record of re-injury that required commencement of another supervised PT program. The criteria for PT 2 times a week for 6 weeks to Cervical, Thoracic and Lumbar spine was not met.