

Case Number:	CM15-0144177		
Date Assigned:	08/05/2015	Date of Injury:	04/16/2012
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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, Sports Medicine

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 54 year old female, who sustained an industrial injury on 4-16-12. The injured worker has complaints of left shoulder stiffness and pain, left knee pain, left elbow pain and mid-back pain and neck pain. There is tenderness to direct palpation over the cervical spinous processes and tenderness without spasm in the cervical paravertebral muscles and the bilateral upper trapezius muscles. The diagnoses have included sprains and strains of other and unspecified parts of back. Treatment to date has included magnetic resonance imaging (MRI) of the left knee on 1-23-14 showed a tiny radial tear is visualized at the junction between the anterior horn and body of the lateral meniscus, due to its small size and no evidence of cruciate ligamentous injury is detected in the left knee; magnetic resonance imaging (MRI) of lumbar spine on 12-19-14 showed annular fissure at L4-L5 and L5-S1 and magnetic resonance imaging (MRI) of the cervical spine on 12-19-14 showed disc desiccation at C2-C3 to C6-C7 with associated loss of disc height at C4-C5 to C5-C6 and straightening of the normal cervical lordosis. The request was for physical therapy for the cervical and lumbar spine, 3 times weekly for 4 weeks, per 06-11-15 order, quantity: 12 sessions and re-evaluation with an orthopedic surgeon, per 06-11-15 order, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical and lumbar spine, 3 times weekly for 4 weeks, per 06/11/15 order, quantity: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Neck & Upper Back Chapter (updated 05/12/15) - Online Version, Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

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. The patient has completed an undocumented amount of physical therapy already, and there is lack of documentation of functional improvement. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.

Re-evaluation with an orthopedic surgeon, per 06/11/15 order, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents state the patient had a consultation with an orthopedic physician and it was recommended that no further evaluation was needed. According to the clinical documentation provided and current MTUS guidelines; an additional orthopedic consultation is not indicated as a medical necessity to the patient at this time.