MAXIMUS Federal Services

Case Number:	CM15-0148919		
Date Assigned:	08/12/2015	Date of Injury:	05/31/2014
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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:

This 48 year old woman sustained an industrial injury on 5-31-2014. The mechanism of injury is not detailed. Evaluations include right knee MRI dated 8-6-2014, lumbar spine MRI dated 10-9-2014, and right wrist MRI dated 10-9-2014. Diagnoses include status post right knee surgery, recurrent right knee meniscal tear, lumbar spine disc protrusion, and right wrist ganglion cyst. Treatment has included oral medications. Physician notes on a PR-2 dated 6-4-2015 show cervical spine pain rated 6-7 out of 10, lumbar spine pain rated 8-9 out of 10 with radiation to the left lower extremity, worsening right wrist pain rated 9+ out of 10, worsening right knee pain rated 9 out of 10, and right ankle pain. The worker states her overall pain rating is 9 out of 10 without medications and 4 out of 10 with medications. Recommendations include please send the report from the spine specialist, additional physical therapy, topical analgesic cream, urine drug screen, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6: 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: The patient was injured on 05/31/15 and presents with pain in his low back, right wrist, and right knee. The request is for Physical Therapy 2 X 6 for the right knee due to the patient's right knee giving out. The RFA is dated 06/09/15 and the patient is to remain off of work until 08/11/15. The utilization review denial letter states that "the patient recently had 10 sessions of therapy authorized." MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with status post right knee surgery (date of surgery not indicated), recurrent right knee meniscal tear, lumbar spine disc protrusion, and right wrist ganglion cyst. The patient has already had 10 sessions of physical therapy authorized. An additional 12 sessions of therapy exceeds what is allowed by MTUS Guidelines. Furthermore, there is no numerical assessment to indicate how the 10 prior authorized physical therapy sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Therefore, the request is not medically necessary.