

Case Number:	CM15-0168102		
Date Assigned:	09/09/2015	Date of Injury:	05/05/2006
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 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 51-year-old male, with a reported date of injury of 05-05-2006. The mechanism of injury was the result of a motor vehicle accident. The injured worker's symptoms at the time of the injury included pain in his head, neck, back, and face. He suffered a laceration to his left index finger. The diagnoses include cervical disc lesion with radiculitis and radiculopathy, status post left knee partial medial and lateral meniscectomy with residual varus deformity, with internal derangement of the left knee; residual post-traumatic left knee chronic tendinitis; and right knee internal derangement with residual varus deformity. Treatments and evaluation to date have included neurological and pain management consultation, surgical repair of the extensor tendon, TENS unit, physical therapy, and lumbar spine epidural steroid injection. There was documentation that the injured worker participated in physical therapy for the cervical spine and left knee from 02-04-2015 to 07-15-2015. It appears that he had a total of 55 sessions. The diagnostic studies to date have included an MRI of the lumbar spine on 01-15-2014; and electrodiagnostic studies of the bilateral lower extremities on 01-08-2014, which showed evidence of peripheral sensori-motor neuropathy and mild right L5 radiculopathy. The progress report dated 07-22-2015 indicates that the injured worker complained of pain in the lower back with radicular symptoms into the right and left leg. He also complained of pain in the left knee and overload pain in the right knee. The objective findings (05-20-2015 to 07-22-2015) included lumbar flexion at 50 degrees; lumbar extension at 20 degrees; positive bilateral straight leg raise test; tightness and spasm in the lumbar paraspinal musculature bilaterally; bilateral knee extension at 180 degrees; bilateral knee flexion at 120 degrees; positive

McMurray's test bilaterally; bilateral medial joint line tenderness; and positive chondromalacia patellar compression test on the left. There were no objective findings regarding the cervical spine. The treating physician prescribed physical therapy two times a week for six weeks to focus on increasing range of motion, strength training, and decreasing pain in the cervical spine, right knee, and left knee. The injured worker's work status was permanent partial disability. He had previously been declared permanent and stationary. The date of the request for authorization was not provided in the medical records. On 08-14-2015, the Utilization Review modified the request for physical therapy for the cervical spine, left knee, and right knee two times a week for six weeks to physical therapy two times a week for four weeks, due to the lack of documented subjective complaints or objective physical examination findings about 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 two times a week for six weeks for the cervical spine and the left and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Per the ODG guidelines: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Per the documentation submitted for review, it is noted that the injured worker has participated in physical therapy for the cervical spine and left knee from 2/4/15 to 7/15/15. He had a total of 55 sessions. Absent documentation of functional improvement derived from physical therapy, the medical necessity of additional PT cannot be affirmed. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for 2 sessions per week for 4 weeks.