

Case Number:	CM15-0184125		
Date Assigned:	09/24/2015	Date of Injury:	02/15/2000
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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: Family Practice

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 68 year old male, who sustained an industrial injury on 02-15-2000. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, osteoarthritis of the knee, lumbar spondylosis, internal derangement of the knee, ACL (anterior cruciate ligament) tear of the knee. Medical records (04-30-2015 to 08-13-2015) indicate ongoing right knee pain and increasing low back pain. On 08-13-2015, the IW reported an acute flare-up of neck pain and stiffness. No pain rating were mentioned. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was permanent and stationary with future medical care. The physical exam, dated 08-13-2015, revealed guarded range of motion in the cervical spine with no objective radiculopathy, and tenderness to palpation around the lower facet joints at CC6-7. The treating physician reported that x-rays of the cervical spine were completed and revealed a normal study with no significant abnormalities, and degenerative changes. Relevant previous treatments for the cervical spine were not discussed. The request for authorization (08-31-2015) shows that the following therapy was requested: 18 (3x6) sessions of physical therapy for the cervical spine. The original utilization review (09-14-2015) non-certified the request for 18 (3x6) sessions of physical therapy for the cervical spine based on the time since date of injury and the unknown amount of previous PT and outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) physical therapy visits for cervical 3 x for 6 weeks: 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 rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, while a short course of physical therapy treatments would be supported to address the recent exacerbation, the request for 18 sessions exceeds the amount of therapy recommended by the MTUS guidelines. The request for Eighteen (18) physical therapy visits for cervical 3 x for 6 weeks is not medically necessary and appropriate.