

Case Number:	CM15-0190562		
Date Assigned:	10/02/2015	Date of Injury:	12/01/2014
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46 year old female with an industrial injury date of 12-01-2014. Medical record review indicates she is being treated for cervical spine strain and right knee strain. Subjective findings (08-19-2015) included pain in the neck, right knee and hip. The injured worker states she felt numbness at right lateral thigh and tingling of right foot which is worse at night. She also noted a sharp shooting pain in right hip which was worse when she was lying down. Physical exam is not indicated in the 08-19-2015 note. Work status (08-19-2015) is documented as "off work for 6 weeks." Prior treatment is documented as physical therapy (number of sessions not indicated) and medications to include Ketoprofen, Pantoprazole, Cyclobenzaprine and Flurbiprofen cream (04-06-2015). On 09-08-2015 the request for physical therapy 2 x wk x 6 wk cervical spine, right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks Cervical Spine, Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2014 when she spilled and fell. As of 01/16/15 she had completed 6 physical therapy treatments without significant improvement. When seen, she was having neck and right knee pain. There was right lower extremity numbness and tingling and sharp pain when lying on the right hip. Physical examination findings have included a body mass index over 33 with cervical and right knee tenderness. Physical therapy for cervical and right knee strains were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not medically necessary.