

Case Number:	CM15-0200326		
Date Assigned:	10/15/2015	Date of Injury:	08/17/2011
Decision Date:	11/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 64 year old female with an industrial injury dated 08-17-2011. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement knee, joint derangement, cervical disc disorder, lumbar disc disorder and lumbago. According to the progress note dated 09-17-2015, the injured worker reported cervical spine pain, low back pain, bilateral shoulder pain (right greater than left), and bilateral knee pain (right greater than left). Pain level was 9 out of 10 on a visual analog scale (VAS) for the cervical spine, low back and bilateral knee. Pain level was 10 out of 10 for the bilateral shoulders. Objective findings (07-16-2015, 09-17-2015) revealed paravertebral muscle tenderness with spasm of the cervical spine and lumbar spine. There was limited cervical range of motion with pain, positive axial loading compression test, and positive Spurling's maneuver. Guarded and restricted lumbar range of motion and positive seated nerve root test. Shoulder exam revealed tenderness, positive Hawkins and impingement signs, and reproducible symptomatology with internal rotation and forward flexion. Knee exam revealed tenderness, positive patellar grind test, positive McMurray's test, and crepitus with painful range of motion. Treatment has included Magnetic Resonance Imaging (MRI) of bilateral knee on 7-23-2015, prescribed medications, at least 14 physical therapy sessions (04-06-2015 to 8-18-2015) and periodic follow up visits. The utilization review dated 10-09-2015, non-certified the request for physical therapy 12 sessions 2x6, cervical spine, lumbar spine, shoulders and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions 2x6, cervical spine, lumbar spine, shoulders and knees:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 9/17/15 progress report provided by the treating physician, this patient presents with constant neck pain radiating into the upper extremities with headaches rated 9/10, constant low back pain radiating into the lower extremities rated 9/10, constant bilateral shoulder pain right > left, rated 10/10, and constant bilateral knee pain right > left rated 9/10. The treater has asked for physical therapy 12 sessions 2x6, cervical spine, lumbar spine, shoulders and knees on 9/17/15. The patient's diagnoses per request for authorization dated 9/25/15 are lumbago, cervicgia, shoulder pain, knee pain. The patient is s/p worsening of bilateral shoulder pain, and difficulty sleeping per 8/20/15 report. The patient is s/p bilateral carpal tunnel release of unspecified date per 8/20/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Review of the reports does not show any evidence of percent physical therapy. The current request is for 12 sessions of physical therapy for the cervical spine, lumbar spine, shoulders, and knees. However, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds that request. Hence, the request IS NOT medically necessary.