

Case Number:	CM15-0202230		
Date Assigned:	10/19/2015	Date of Injury:	02/04/2014
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 22 year old male, who sustained an industrial-work injury on 2-4-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, lumbago, and lumbar disc displacement, enthesopathy of the left and right knee and left knee strain and sprain. Medical records dated (4-20-15 and 8-17-15) indicate that the injured worker complains of neck pain that radiates up the back, low back pain that radiates to the bilateral knees with numbness, and bilateral burning knee pain all relieved with medications and physical therapy and aggravated by activities. There is no previous therapy sessions noted or number of sessions noted. The pain is rated 5-7 out of 10 on the pain scale and unchanged from previous sessions. Per the treating physician report dated 4-20-15 work status was modified. The physical exam dated 8-17-15 reveals decreased cervical range of motion and cervical compression causes pain. The lumbar spine exam reveals decreased range of motion, tenderness to palpation and Kemp's causes pain. The bilateral knee exam reveals flexion is 130 degrees out of 140 degrees. The physician indicates that he recommends physical therapy due to ongoing improvement and pain control. Treatment to date has included pain medication, Naproxen, Protonix, Gabapentin, compounded analgesic creams, physical therapy (unknown amount), acupuncture, and other modalities. The request for authorization date was 8-17-15 and requested service included Physical Therapy 2 time a week for 6 weeks lumbar spine, bilateral knees, and cervical spine. The original Utilization review dated 9-22-15 non-certified the request for Physical Therapy 2 time a week for 6 weeks lumbar spine, bilateral knees, and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 time a week for 6 weeks lumbar spine, bilateral knees, and cervical spine: 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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines- Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The above request would also exceed the current amount of sessions that is recommended. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.