

Case Number:	CM15-0205487		
Date Assigned:	10/22/2015	Date of Injury:	10/14/2014
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 51 year old male with a date of injury on 10-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for left knee, neck and lower back pain. Progress report dated 9-17-15 reports continued lower back pain with numbness and tingling. Awaiting physical therapy for the neck. No physical exam noted. MRI left lower extremity 12- 2-14 reveals longitudinal horizontal tear of the posterior horn and body of the medial meniscus and moderate grade chondral fissuring at the central aspect of the medial femoral condyle. Treatments include: medication, physical therapy, left knee arthroscopy 2-13-15, Request for authorization was made for Physical Therapy 2 times per week for 6 for Cervical Spine. Utilization review dated 10-7-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2X6 for Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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 section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are not listed in the medical record. The injured worker is undergoing treatment for the left knee, neck and low back. Date of injury is October 14, 2014. Request for authorization is October 1, 2015. The documentation contains physical therapy progress notes that pertain only to the lumbar spine. According to a September 17, 2015 progress note, the documentation indicates the treating provider is awaiting physical therapy authorization for the cervical spine. There are no cervical spine subjective complaints. There were no cervical spine objective clinical findings. There is no clinical indication or rationale for cervical spine physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation with subjective complaints or objective clinical findings referencing the cervical spine, physical therapy two times per week times six weeks to the cervical spine is not medically necessary.