MAXIMUS Federal Services

Case Number:	CM15-0212881		
Date Assigned:	11/02/2015	Date of Injury:	02/28/2012
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

This is a 42 year old male with a date of injury of February 28, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis, posterior medial meniscus degenerating and tear in the right knee, and chronic intractable pain. Medical records dated June 12, 2105 indicate that the injured worker complained of neck pain radiating down the right more than the left upper extremity rated at a level of 9 out of 10 and 5 out of 10 with medications, and bilateral knee pain rated at a level of 9 out of 10 and 5 out of 10 with medications. A progress note dated September 11, 2015 documented complaints similar to those reported on June 12, 2015. Per the treating physician (September 11, 2015), the employee had work restrictions that included sedentary duties. The physical exam dated June 12, 2015 reveals tenderness to palpation of the paracervical muscles, tenderness over the base of the neck and base of the skull, tenderness over the trapezius musculature bilaterally, decreased sensation over the right C5 and left C6-T1 dermatome distributions, tenderness to palpation over the right medial cruciate ligament and right medial joint line, and crepitus of the right patella. The progress note dated September 11, 2015 documented a physical examination that showed no changes since the examination performed on June 12, 2015. Treatment has included medications (Fentanyl patches, Norco, Anaprox, Cymbalta, Seroquel, and Xanax), electrical stimulation, and an unknown number of physical therapy sessions. Magnetic resonance imaging of the right knee (September 10, 2015) showed mild to moderate osteoarthritis involving the medial patella facet with a small joint fluid collection. Magnetic resonance imaging of the cervical spine (September 10, 2105) showed moderate chronic degenerative spinal canal stenosis and neural foraminal

narrowing from C3-C7, and diffuse adipose expansion of the deep fascial planes and subcutaneous tissues.The utilization review (October 5, 2015) non-certified a request for six sessions of physical therapy for the cervical spine and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine and knee 2 x 3 (6 sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Per the ODG guidelines: Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0):10 visits over 8 weeks. Per the medical records submitted for review, it was noted that the injured worker has previously been treated with an unknown number of physical therapy sessions. There was no documentation of functional improvement secondary to this therapy. Absent such, additional sessions are not medically necessary.