

Case Number:	CM15-0223484		
Date Assigned:	11/19/2015	Date of Injury:	11/05/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/13/2015

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: Georgia

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:

The injured worker is a 56-year-old female, who sustained an industrial injury on 11-5-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous injury with discopathy, cervical spine sprain-strain, lumbar spine musculoligamentous injury with discopathy, lumbar spine sprain-strain, right knee internal derangement, right knee medial meniscus tear-chondral, and headaches-cephalgia due to head contusion. On 9-14-2015, the injured worker reported neck and low back pain, right knee pain and weakness, stress, anxiety, and gastrointestinal (GI) upset. The Primary Treating Physician's report dated 9-14-2015, noted the physical examination showed tenderness to palpation and spasm of the cervical spine, tenderness to palpation and myospasm of the lumbar spine, and positive right knee McMurray's test. Prior treatments have included physical therapy, acupuncture, Relafen, Prilosec, and Norco. A physical therapy note dated 5-27-2015, noted the injured worker with pain in the bilateral knees and head rated as 8 out of 10 with the long term goal of increasing strength, restoring prior function, and being independent with a home exercise program (HEP) with the expected duration of 1-2 months. The treatment plan was noted to include physical therapy, chiropractic treatments, acupuncture, a psychiatric consultation, a TENS unit, follow-up with a neurologist, and an internal evaluation and treatment for gastrointestinal (GI) upset. The request for authorization was noted to have requested physical therapy assessment and treatment 2x6 for right knee. The Utilization Review (UR) dated 11-6-2015, non-certified the request for requested physical therapy assessment and treatment 2x6 for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Assessment and Treatment 2x6 for Right Knee: Overturned

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: Physical Therapy Assessment and Treatment 2x6 for Right Knee is medically necessary. Page 99 of CA MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy however the goal of the additional physical therapy is clear and indicated for the long term goal of increasing strength, restoring prior function, and being independent with a home exercise program (HEP) with the expected duration of 1-2 months; therefore, the requested service is medically necessary.