

Case Number:	CM15-0030585		
Date Assigned:	02/24/2015	Date of Injury:	10/21/2014
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 62 year old male patient, who sustained an industrial injury on October 21, 2014. He reported a motorcycle falling on his right lower extremity during police training. The diagnoses include right knee sprain, fracture of the right proximal fibula, right ankle sprain and cervical spine strain/sprain. He reported neck pain, right knee, lower leg and ankle pain. Per the doctor's note dated 3/3/2015, he had complaints of occasional right knee discomfort and neck tightness. Physical examination revealed mild decreased range of motion of the cervical spine; right knee range of motion- 0 to 130 degrees. Per the doctor's note dated 1/12/2015, he had complaints of right knee and left sided neck discomfort. Physical examination revealed mild tenderness and decreased range of motion of the cervical spine. The current medications list includes naproxen and soma. He has undergone right shoulder surgery in 1997, left shoulder surgery on 2008 and right knee arthroscopy on 12/18/2014. He has had right knee MRI which revealed medial meniscus tear and partial tear of medial collateral ligament. He has had knee support, right ankle air cast, crutches and post op physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions of neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 98-99.

Decision rationale: Request: Physical therapy 12 sessions of neck. Per the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines (CHAPTER 8 Neck and Upper Back Complaints, page 173), "Nonprescription analgesics will provide sufficient pain relief for most patients with acute and sub-acute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added, 1-2 physical therapy visits for education, counseling, and evaluation of home exercise (are recommended)." The requested visits are more than recommended by the cited criteria. Per the note dated 3/3/2015, the patient has had post op physical therapy for the right knee and 5 out of 10 physical therapy visits for the neck. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Physical therapy 12 sessions of neck is not fully established for this patient.