

Case Number:	CM15-0031595		
Date Assigned:	02/24/2015	Date of Injury:	09/27/2012
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 related injury on 9/27/12 after being struck in the head and shoulder and striking her hand on a metal table. The injured worker had complaints of neck pain, burning, numbness, and tingling. Right knee pain, left wrist pain, and hand pain was also noted. Diagnoses included cervical disc displacement without myelopathy and tenosynov hand/wrist. Treatment included the use of an H wave unit, steroid injections, and home exercises. The injured worker was status post C7-T1 fusion, C4-5 disc replacement, and C5-6 repair of a pseudo-arthritis performed on 7/3/13. The medical records note the injured worker had exhausted conservative care including physical therapy, medications, and activity modification. The treating physician requested authorization for 12 additional physical therapy sessions for the thoracic spine and right knee. On 1/21/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had completed 42 physical therapy sessions. The objective outcomes of treatment were not specified. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions to the thoracic spine and right knee QTY: 12.00:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 01/14/2015 report, this patient presents with persistent knee pain that is worsen the past month. The current request is for additional physical therapy sessions to the thoracic spine and right knee QTY: 12.00. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. The request for authorization is not included in the file for review. The patients work status is TTD, pending recovery from cervical spine surgery. The Utilization Review denial letter state the patient has completed 42 physical therapy sessions previously. The objective outcome of treatment including changes in range of motion, strength and function ate not specified in the medical review to support the request for additional physical therapy at this time. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of available records show no therapy reports and there is no discussion regarding the patient's progress from previous therapy. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history or the reason why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.