

Case Number:	CM15-0032808		
Date Assigned:	02/26/2015	Date of Injury:	06/03/2003
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona

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 51-year-old male who reported an injury on 06/03/2003. The mechanism of injury was not provided. The injured worker underwent physical therapy, MRIs, medications, injections for the left knee, right endoscopic carpal tunnel release, right cubital tunnel release, right knee arthroscopy with chondroplasty of patellofemoral joint and medial femoral condyle, a left cubital tunnel release, and cervical epidural steroid injections. The injured worker underwent an additional surgery of a right knee arthroscopy and chondroplasty of the medial femoral condyle and a left knee arthroscopic debridement with chondroplasty. The documentation was dated 08/05/2014. The injured worker had neck pain. The injured worker had full range of motion in the bilateral wrists, and the injured worker was noted to have continued bilateral wrist pain. The treatment plan included treatment for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine, Quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for injured workers who have documentation of myositis or myalgia for up to 10 visits. The clinical documentation submitted for review failed to provide a rationale for the requested intervention. There was a lack of documentation of objective findings upon physical examination to support the necessity for physical medicine treatment. There was a lack of documentation indicating prior treatments directed toward the cervical spine. Given the above and the lack of documentation, the request for physical therapy, cervical spine, quantity 6 is not medically necessary.