

Case Number:	CM14-0102111		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2010
Decision Date:	10/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 54-year-old gentleman was reportedly injured on November 30, 2010. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of right knee pain. The injured employee had a right knee surgery two days prior. The physical examination demonstrated well healed incisions and no signs or symptoms of infection. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C5-C6 and C6-C7 with moderate to severe stenosis. Previous treatment included a right wrist carpal tunnel release, a right knee arthroscopy to include a medial and lateral meniscectomy and chondroplasty. A request had been made for physical therapy three times a week for four weeks, for the cervical spine, and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Physical therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: A review of the available medical record does not indicate that the injured employee has any complaints of cervical spine pain. Without any information or justification to support this request, this request for physical therapy three times a week for four weeks, for the cervical spine, is not medically necessary.