

Case Number:	CM14-0121012		
Date Assigned:	09/25/2014	Date of Injury:	08/26/2008
Decision Date:	10/28/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 California. 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 injured worker is a 53-year-old female who reported a work related injury on 08/26/2008. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of cervical radiculopathy and knee pain. The injured worker's past treatment has included physical therapy, medication management, and injections. Diagnostic studies include an MRI of the cervical spine on 11/23/2009 that revealed no disc bulge or protrusion or compromise on the subarachnoid space or neural foramina at C2-3; at C3-4, there was a 2 mm posterior disc protrusion with encroachment on the subarachnoid space. There was no compromise on the cord nor on the nerve roots in their neural foramina. At C4-5, there was a 2 mm posterior disc protrusion with encroachment on the subarachnoid space; there was no compromise on the cord nor on the nerve roots in the neural foramina. At C5-6, there was a mild decrease in the height of the disc with a 3 mL mm disc protrusion/extrusion with encroachment on the subarachnoid space. The injured worker's surgical history consisted of a lumbar fusion on an unspecified date, lumbar spine removal of hardware on an unspecified date, right knee arthroscopy on 05/04/2012, and a left knee surgery on an unspecified date. Upon examination on 07/10/2014, the injured worker complained of neck pain. The injured worker stated that the pain radiated down bilaterally to her upper extremities. The pain was noted to be aggravated by activity and walking. The injured worker noted she had improvement with previous epidural steroid injections. Upon physical examination of the cervical spine, it was noted that there was spinal vestibular tenderness in the cervical spine at C4-7. Tenderness was noted to be at the trapezius muscles bilaterally and bilateral paravertebral C5-7 area. The range of motion of the cervical spine was moderately to severely limit due to pain. The injured worker's pain was noted to be significantly increased with flexion, extension, and rotation. The sensory examination showed decreased sensation in the bilateral upper extremities and affected the dermatome C5-7. Motor

examination showed decreased strength in the bilateral upper extremities dermatomal at level C5-7. Deep tendon reflexes in the upper extremities were within normal limits bilaterally. Grip strength was noted to be decreased bilaterally. The injured worker's physical examination of the knee was positive patellar grind and McMurray's tests. The injured worker's prescribed medications include Cymbalta, Gabapentin, Pantoprazole, Tizanidine, and Topamax. The injured worker's treatment plan consisted of aqua pool therapy, urine drug screen, and a follow-up in 1 month. The rationale for the request and a request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Cervical, bilateral knees) 3x/wk x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for physical therapy for the cervical spine and bilateral knees 3 times a week for 4 weeks is not medically necessary. The California MTUS recommend 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review does not clearly indicate the number of previous physical therapy visits or sustained functional benefit from prior therapy. In the absence of documentation showing objective functional gains made with previous visits and exceptional factors to warrant additional visits beyond the Guideline recommendations, the request is not supported. As such, the request for physical therapy is not medically necessary.