

Case Number:	CM14-0160160		
Date Assigned:	10/03/2014	Date of Injury:	06/07/2013
Decision Date:	11/06/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine 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 41-year-old female who reported an injury on 06/07/2013 due to an unknown mechanism. Diagnoses were osteochondritis dissecans, contusion NOS, and polymyalgia. Physical examination dated 08/19/2014 revealed the injured worker reported his whole neck was swollen and pressure to his right knee. The injured worker reported that Biofreeze helped temporarily. Examination revealed no new local changes to the cervical spine and left knee. Tenderness to the paracervical muscles bilaterally. There was positive pain to the cervical spine with active range of motion of the cervical spine and left knee tenderness medially. Treatment plan was for physical therapy 2 times a week for 6 weeks for the cervical spine, lumbar spine, and left knee. Medications were Ranitidine, ibuprofen, carisoprodol, and naproxen. The request for authorization 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:

Eight (8) physical therapy visits: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue in active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The clinical examination for the injured worker was lacking objective clinical findings. The clinical information submitted for review does not provide evidence to justify 8 physical therapy visits. The decision for Eight (8) physical therapy visits is not medically necessary.