

Case Number:	CM14-0213434		
Date Assigned:	12/30/2014	Date of Injury:	12/07/2012
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is a 47 year old male with an injury date of 12/07/12. Based on the 10/28/14 progress report provided by treating physician, the patient complains of intermittent cervical spine pain rated 7/10 of a dull and achy quality, lumbar spine pain rated 8/10 with a dull and achy quality, and left knee pain rated 8/10. Patient is status post workplace injury on 12/07/14 in which he fell down a small flight of stairs while carrying a box, patient has no surgical history directed at this complaint. Physical examination 10/28/14 revealed tenderness to palpation to bilateral cervical paravertebral muscles and trapezii, tenderness to palpation to the bilateral SI joints and lumbar paraspinal muscles. Knee examination reveals pain and tenderness to palpation to the anterior knee and decreased range of motion. The patient is currently prescribed Anaprox, Prilosec, Tramadol, Gabapentin, Flurbiprofen, and Cyclobenzaprine. As of 10/28/14 progress report, patient is advised to remain off work until 12/12/14. Diagnostic imaging included MRI of the cervical spine conducted 08/20/14, significant findings include: "C5-C6 3mm left paracentral focal protrusion superimposed on spondylotic disc bulge. Disc spur complex contacts and mildly compresses left ventral aspect of the cord without change in cord signal..."Diagnosis 10/28/14- Cervical muscle spasm- Cervical radiculopathy- Cervical sprain/strain- Lumbar radiculopathy- Lumbar sprain/strain- Left knee sprain/ strainThe utilization review determination being challenged is dated 11/26/14.Treatment reports were provided from 02/06/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 4wks, Cervical Spine, Lumbar Spine, Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee, post-surgical.Physical medicine. Page(s): 24-25,98 to 99.

Decision rationale: The patient presents with intermittent cervical spine pain rated 7/10 of a dull and achy quality, lumbar spine pain rated 8/10 with a dull and achy quality, and left knee pain rated 8/10. Patient is status post workplace injury on 12/07/14 in which he fell down a small flight of stairs while carrying a box, patient has no surgical history directed at this complaint. The request is for PHYSICAL THERAPY 2X WK X 4 WKS, CERVICAL SPINE, LUMBAR SPINE, and LEFT KNEE. Physical examination 10/28/14 revealed tenderness to palpation to bilateral cervical paravertebral muscles and trapezii, tenderness to palpation to the bilateral SI joints and lumbar paraspinal muscles. Knee examination reveals pain and tenderness to palpation to the anterior knee and decreased range of motion. The patient is currently prescribed Anaprox, Prilosec, Tramadol, Gabapentin, Flurbiprofen, and Cyclobenzaprine. As of 10/28/14 progress report, patient is advised to remain off work until 12/12/14. Diagnostic imaging included MRI of the cervical spine conducted 08/20/14.MTUS Guidelines, pages 24-25, recommend 24 visits of postsurgical treatment over 10 weeks for patients who have undergone knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater has not provided a reason for the requested physical therapy. While there is no documentation provided of the number of physical therapy sessions completed to date, progress report dated 06/28/14 states, "In January 2013, he was treated with a course of physical therapy and acupuncture treatment." The utilization review letter does not reference any recent physical therapy. Given the patient's high level of pain and disability, and no evidence of a recent course of therapy, the requested 8 sessions of therapy appear reasonable. The request IS medically necessary.