

Case Number:	CM14-0219140		
Date Assigned:	01/09/2015	Date of Injury:	01/06/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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, Hawaii
 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 53 year old female, who sustained an industrial injury on 1/6/2014. The current diagnoses are lumbar herniated nucleus pulposus, cervical herniated nucleus pulposus, and right knee meniscus tear. Currently, the injured worker complains of low back pain with right lower extremity pain, neck pain with bilateral trapezius pain and spasm, and right knee pain with occasional buckling. The treating physician is requesting 12 additional physical therapy sessions for the cervical spine, which is now under review. On 12/17/2014, Utilization Review had non-certified a request for 12 additional physical therapy sessions for the cervical spine. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks (12) for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain with right lower extremity pain, neck pain with bilateral trapezius pain and spasm, and right knee pain with occasional buckling. The current request is for additional physical therapy 2 x week for 6 weeks (12), cervical spine. The treating physician states that there is no change in lumbar symptoms and cervical neck is slightly improved. No change in right knee symptoms. The patient has been unable to start physical therapy. The MTUS guidelines recommend physical medicine under the following guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2) 24 visits over 16 weeks. In this case, the treating physician has not provided documentation as to how much physical therapy the patient has already completed if any, only that she was unable to start physical therapy at the time of the treating physician's progress report on 12/09/14 (29). The requested 12 sessions is outside of the recommended treatment allowance of 8-10 sessions. The current request is not medically necessary and the recommendation is for denial.