

Case Number:	CM15-0114149		
Date Assigned:	06/22/2015	Date of Injury:	10/31/2011
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60-year-old male, who sustained an industrial injury on 10/31/11. The injured worker has complaints of right knee pain with ongoing pain and swelling. The documentation noted on 4/29/15 that the injured worker on 4/24/15 stepped off a curb to get the mail and his knee gave out causing him to fall. The injured worker reports that his knee pops and cracks all the time. Examination revealed 2 plus patellofemoral joint crepitation. The documentation noted that cervical spine with paraspinal muscle spasm and muscle tenderness. The diagnoses have included arthritis of knee and meniscus tear. Treatment to date has included mobilization; naproxen; X-rays showed degenerative joint disease and magnetic resonance imaging (MRI) of the right knee on 5/5/15 showed complex multidirectional tear of the medial meniscus with marked truncation of the residual posterior horn, moderate peripheral extrusion of the torn body of the medial meniscus with resultant bowing of the tibial collateral ligament and mild edema deep and superficial to it, suggestive of at least low-grade sprain and mild blunting of the posterior horn of the lateral meniscus is suggestive of a focal radial tear. The request was for physical therapy for the cervical spine, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: This 60 year old male has complained of neck pain and knee pain since date of injury 10/31/11. He has been treated with medications. The current request is for physical therapy for the cervical spine, three times a week for four weeks. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for passive physical therapy beyond the recommended number of sessions is not documented. Based on the available medical records and per the MTUS guidelines cited above, physical therapy for the cervical spine, three times a week for four weeks is not indicated as medically necessary.