

Case Number:	CM15-0117953		
Date Assigned:	06/26/2015	Date of Injury:	05/09/2008
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old female, who sustained an industrial injury on 5/9/08. She has reported initial complaints of neck and back pain and headaches after a slip and fall injury at work. The diagnoses have included status post bilateral total knees, aggravation of the low back, aggravation of severe cervical spinal arthritis and left carpal tunnel. Treatment to date has included medications, activity modifications, diagnostic x-rays, surgery, splinting, bracing, and physical therapy. Currently, as per the physician progress note dated 6/2/15, the injured worker complains of bilateral knee pain and neck pain with headaches. She also reports that the neck and back are causing a lot of pain. She states that physical therapy has helped. She states that she is not able to bend the left knee. She sleeps with a brace, which also gives her relief. She is not currently working. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the upper extremities and diagnostic x-rays. The physical findings are not related to the knees, neck or back. There are no previous physical therapy sessions noted in the records. The physician requested treatment included Physical therapy for the bilateral knees, cervical spine and lumbar spine, twice weekly for six 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 bilateral knees, cervical spine and lumbar spine, twice weekly for six weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has attended previous physical therapy sessions with noted benefit. It is unclear how many sessions the injured worker has attended and what functional gains resulted from the therapy. In addition, with previous treatments established, the injured worker should be able to continue with a self-directed, home-based physical therapy program. The request for 12 visits exceeds the established guidelines. The request for physical therapy for the bilateral knees, cervical spine and lumbar spine, twice weekly for six weeks is not medically necessary.