

Case Number:	CM15-0176444		
Date Assigned:	09/17/2015	Date of Injury:	12/12/2011
Decision Date:	10/21/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: Emergency 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:

This 55 year old female sustained an industrial injury on 12-12-11. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, lumbar spine sprain and strain and right knee pain. Previous treatment included physical therapy, one injection and medications. Magnetic resonance imaging right knee (7-17-15) showed moderate to severe chondromalacia of the patella with degenerative changes of the lateral femoral tibial compartment and posterior horn of the medial meniscus. Electrodiagnostic testing (6-5-14) showed chronic left S1 radiculopathy. In a Doctor's First Report of Occupational Injury, dated 4-28-15, the injured worker reported that she had received two months of physical therapy for her neck and back. The injured worker stated that while the therapy helped, there was no lasting benefit. The injured worker was taught some exercises but had not kept up with them after completing therapy. The injured worker reported that her most recent treatment included three days of physical therapy one month ago. Physical exam was remarkable for cervical spine with tenderness to palpation over the spinous process and left paraspinal musculature and range of motion: forward flexion 30 degrees, extension 40 degrees, lateral flexion 20 degrees, left lateral rotation 45 degrees and right lateral rotation 60 degrees and lumbar spine with tenderness to palpation along the spinous processes, paraspinal musculature, bilateral sacroiliac joints, range of motion: forward flexion 70 degrees, extension 2 degrees, lateral flexion 15 degrees, left lateral rotation 30 degrees and right lateral rotation 60 degrees, positive bilateral straight leg raise, 5 out of 5 strength and intact sensation and right knee with joint line tenderness to palpation with increased pain with McMurray's, Apley's grind and Bounce home tests. In a PR-2 dated 7-21-15,

the injured worker stated that Voltaren seemed to be helping a little bit. Physical exam was unchanged. The treatment plan included physical therapy for the neck, back and knee, three times a week for four weeks, x-rays of the knee and renewing Voltaren. On 8-12-15, Utilization Review, noncertified a request for physical therapy 3 times a week for 4 weeks for the low back, neck and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the low back, neck and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already undergone extensive with no improvement in symptoms. It is unclear why patient cannot perform home-directed therapy with skills already learned from extensive PT sessions. This request alone exceed recommended number of PT sessions. Additional PT is not medically necessary.