

Case Number:	CM15-0025342		
Date Assigned:	02/17/2015	Date of Injury:	02/25/2011
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old female who sustained an industrial injury on 02/25/11. She reports bilateral knee pain. Treatments to date include medications, and steroid injections. Diagnoses include osteoarthritis vs degenerative meniscus tear. In a progress note dated 12/18/14 the treating provider recommends MRI of the right knee, x-rays of bilateral knees, and possible a cortisone injection to the right knee. On 01/27/15, Utilization Review non-certified a referral to pain management, citing ACOEM guidelines, and also non-certified physical therapy, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

Decision rationale: According to the attached medical record the rationale for pain management evaluation and treatment is for a repeat cervical spine epidural steroid injection. The injured employee did receive a previous epidural steroid injection, which provided only temporary moderate relief of her pain. Considering this, this request for a repeat pain management evaluation and treatment session is not medically necessary.

12 Initial Physical Therapy Evaluation and Treatment, Twice Weekly for 4-6 Weeks, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medical Guidelines Page(s): 99.

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

Decision rationale: It is unclear if the injured employee has had previous treatment with physical therapy for the cervical spine since the stated date of injury four years ago. However, the California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise program for the injured employee's condition. As this request exceeds the recommended guidelines, this request for 12 visits of physical therapy for the cervical spine is not medically necessary.