

Case Number:	CM15-0077696		
Date Assigned:	04/29/2015	Date of Injury:	08/03/2010
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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 54-year-old female, who sustained an industrial injury on 8/3/2010. She reported neck, low back, and bilateral knee pain. The injured worker was diagnosed as having cervical spine strain with chronic disc disease, lumbar spine spondylolisthesis, bilateral knee direct trauma with acute inflammation, and right shoulder impingement syndrome. Treatment to date has included medications, magnetic resonance imaging, left knee surgery and physical therapy. The request is for physical therapy for the right knee, and a spine specialist follow up visit. On 3/16/2015, she complained of left knee pain. She has seen some improvement from 8 physical therapy sessions. She reports being able to climb stairs easier. She indicates that since her left knee surgery she has had increased right knee pain, and continued neck pain. The treatment plan included physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up treatment with spine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186 and 187.

Decision rationale: This 54 year old female has complained of neck pain, low back pain and knee pain since date of injury 8/3/10. She has been treated with surgery, physical therapy and medications. The current request is for follow up treatment with spine specialist. Per the ACOEM guidelines cited above, follow up treatment with a spine specialist is not specifically indicated in the treatment of chronic neck complaints. Additionally, there is inadequate provider rationale specified for the request of follow up with a spine specialist. Based on the available medical records and per the ACOEM guidelines cited above, follow up treatment with spine specialist is not medically necessary.

Physical therapy for 12 sessions 2x6 for the bilateral knees: Upheld

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

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

Decision rationale: This 54 year old female has complained of neck pain, low back pain and knee pain since date of injury 8/3/10. She has been treated with surgery, physical therapy and medications. The current request is for physical therapy for 12 sessions 2 x 6 for the bilateral knees. 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, myalgia. The patient has received 8 of 12 previously approved sessions of passive physical therapy. The medical necessity for continued passive physical therapy beyond this is not documented. Based on the available medical records and per the MTUS guidelines cited above this request is not medically necessary.