

Case Number:	CM13-0016740		
Date Assigned:	11/06/2013	Date of Injury:	11/29/2010
Decision Date:	01/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 24 year old female who reported an injury on 11/29/2010 due to a slip and fall on an escalator injuring the bilateral lower extremities, right foot and shoulder. Physical examination of the lumbar spine noted 5/5 motor function in the bilateral extremities and a full range of motion is noted with a positive McMurray's. MRI of the lumbar spine noted a disc protrusion at L5-S1 associated with bilateral facet joint and ligamentum flavum hypertrophy. She has had physical therapy and as of 07/16/2013, the patient did not report any change in condition. The patient's pain has been treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times four (4) for lumbar, lower extremities, and right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

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

Decision rationale: The patient has multiple pain complaints status post fall. The patient has full range of motion on physical examination. CA MTUS Guidelines recommend up to 10 sessions of physical therapy for patients with functional deficits. The patient showed no physical

functional deficits on initial physical examination and reports no change in condition from prior physical therapy. As such, the request for physical therapy 3 times a week for 4 weeks is non-certified.