

Case Number:	CM13-0046625		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2013
Decision Date:	05/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in Pain Management. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old female who sustained a work-related injury on 7/26/13. Based on the 9/9/13 progress report provided by [REDACTED], the patient's diagnosis include contusion of the upper arm and contusion of the knee. [REDACTED] requests six physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 9/9/13 progress report by [REDACTED], the patient presents with contusion of the upper arm and contusion of the knee. The request is for six sessions of physical therapy. Although the MTUS guidelines state that 9-10 physical therapy visits are allowed for myalgia and myositis over eight weeks, and 8-10 visits are allowed for neuralgia, neuritis, and radiculitis, the therapy treatment history is not known. [REDACTED] 9/9/13 progress

report states that the patient has been to six physical therapy visits and is doing a home exercise program. She reports decreasing symptoms in both her shoulder/arm and her knee. Her shoulder is a little sore, but almost back to normal. Her knee is okay when walking on level surfaces, but painful with stairs, and very painful with kneeling. The MTUS allows up to 10 sessions for this diagnosis; the current request for six additional sessions would exceed what is allowed. The request is noncertified.