

<b>Case Number:</b>	CM13-0056821		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2013

### 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 & Rehabilitation 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 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 injured worker is a 34-year-old female who reported injury on 01/02/2013. The mechanism of injury was not provided. The documentation of 10/24/2013 revealed that the injured worker underwent an MR of the left knee, which indicated the injured worker had pathophysiology involving the patella tendon where it attaches to the proximal tibia. It was noted to be consistent with a chronic tendinosis. The diagnosis was bilateral knee pain. The treatment plan included physiotherapy maneuvers ASTYM. The clinical documentation indicated the injured worker had 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ASTYM THERAPY TO THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend manual therapy for treatment for the knees. ASTYM Therapy is a form of manipulation. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations.

Additionally, there was a lack of documentation indicating the quantity of sessions being requested. Given the above, the request for ASTYM therapy to the bilateral knees is not medically necessary and appropriate.