

Case Number:	CM13-0070388		
Date Assigned:	05/14/2014	Date of Injury:	05/25/2011
Decision Date:	07/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 57-year-old female who reported an injury on 05/25/2011 due to a slip and fall. The clinical note dated 12/16/2013 indicated the injured worker had a complaint of lower back pain and continued bilateral knee pain with a left knee hyperextension. The injured worker had diagnostic tests to include an undated x-ray and MRI without significant findings related to her back. The physical exam findings of the injured worker revealed that she wore a left knee brace to prevent knee hyperextension, has rounded shoulders with increased lumbar lordosis, was positive for hypomobility at the left SI joint, and had a negative straight leg raise. The range of motion values for the lumbar spine were 75 degrees of flexion, and the bilateral rotation was decreased by 50% with provocation of pain, the right greater than the left. There was tenderness over the right hip and decreased sensation of the right anterior thigh with leg length discrepancy noted as left functionally shorter than the right. The injured worker had increased pain and decreased function due to soft tissue inflammation and joint dysfunction, and had low back pain further compounded by bilateral knee pain and impaired gait pattern. The provider recommended physical therapy x10 for the bilateral knees and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES TEN FOR THE BILATERAL KNEES, AND LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual's specific exercise or task. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The goal of physical therapy treatment was unclear. The guidelines allow for up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed for the injured worker is unclear. Therefore, the request is not medically necessary and appropriate.