

<b>Case Number:</b>	CM14-0003744		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Illinois. 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 66 year old male who reported an injury on 10/11/2013, due to an unknown mechanism. The clinical note dated 11/15/2013 reported pain in the left upper trapezius and tight spasms on the left side upper back. The physical exam noted decreased lateral bending of 30 degrees to the left and the right of the cervical spine. The left knee had evident effusion and exhibited apprehension signs. The injured worker had joint line tenderness, there was a positive McMurray testing, and thigh atrophy. The clinical note dated 09/09/2013 revealed the cervical range of motion of demonstrated 45 degrees of flexion, 25 degrees extension, 20 degrees of left lateral bending, 20 degrees of cervical left lateral bending, 15 degrees of right lateral bending, 60 degrees of left rotation and 60 degrees of right rotation. The injured worker was diagnosed with unspecified injury to the knee, leg, and foot, cervicgia, and cervical disc displacement. The provider recommended physical therapy for the neck, right knee, and left knee. The request for authorization form was not included in the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS NECK:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 98.

**Decision rationale:** The request for physical therapy 3 times a week for 3 weeks for the neck is non-certified. The California MTUS 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 to complete a specific exercise or task. There was a lack of documentation indicating the injured workers prior course of physical therapy for the neck, as well as the efficacy of the prior therapy. The documentation provided is unclear as to how physical therapy would provide the injured worker with functional restoration. The guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the neck is unclear. Therefore, the request is not medically necessary and appropriate.

**PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS LEFT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98 Page(s): 98.

**Decision rationale:** The request for physical therapy for 3 times a week for 3 weeks for the left knee is non-certified. The California MTUS 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 to complete a specific exercise or task. There is lack of evidence in the documentation provided that would indicate the need for the injured worker to have physical therapy to the left knee. There was a lack of documentation indicating the injured workers prior course of physical therapy to the left knee, as well as the efficacy of the prior therapy. The documentation provided is unclear as to how physical therapy would provide the injured worker with functional restoration. The guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the left knee is unclear. Therefore, the request is not medically necessary and appropriate.

**PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 98.

**Decision rationale:** The request for physical therapy three times a week for three weeks is non-certified. The California MTUS 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 to complete a specific exercise or task. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the 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 right knee is unclear. Therefore, the request is not medically necessary and appropriate.