

Case Number:	CM14-0111714		
Date Assigned:	08/01/2014	Date of Injury:	12/01/2011
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Nevada. 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 was injured on 12/1/11. The mechanism of injury is not listed in the records. The most recent progress note, dated 6/4/14, indicates that there are ongoing complaints of bilateral knee pain left greater than right. The physical examination demonstrated left shoulder limited range of motion. Left knee range of motion was 0-130. No recent diagnostic studies are available for review. Previous treatment includes previous knee arthroscopy, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Bilateral Knees) 2X6: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The treating physician has ordered 12 sessions of physical therapy which

exceeds the maximum recommendations per guidelines. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.