

<b>Case Number:</b>	CM14-0027387		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 46-year-old female with a reported date of injury on 04/27/2013. The mechanism of injury reportedly occurred when the injured worker was breaking up a fight at work. Her diagnoses were noted to include bilateral knee chondromalacia patella and left shoulder and elbow tendinitis and bursitis. Her previous treatments were noted to include physical therapy and medications. The progress note dated 02/10/2014 revealed the injured worker complained of pain in both knees, left shoulder and elbow. An official MRI scan of the right knee showed patellar chondral defect, otherwise no meniscal tear and an MRI of the left knee showed an intact anterior cruciate ligament graft, old medial meniscus injury, and healing changes, and patellar chondral defect. Examination of the knees noted full range of motion to the knees with slight effusion. The left shoulder range of motion was 85% with positive impingement sign and a left elbow range of motion was full with tenderness of the epicondyles. The therapy note dated 12/06/2013 revealed the range of motion right/left to the elbow flexion 140 to 130 degrees and extension was 0 degrees to 2 degrees. The shoulder flexion from right to left was to 160 to 105 degrees, decreased range of motion. The Request for Authorization Form dated 01/23/2014 was for physical therapy times 6; however, the provider's rationale is not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY SIX (6) VISITS:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy 6 visits is not medically necessary. The injured worker has received a previous 18 visits with physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy be 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. This form of therapy may require supervision from the therapist or medical provider such as verbal, visual and/or tactile instructions. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previous number of 18 sessions of physical therapy with decreased range of motion and motor strength. There is lack of documentation regarding current measurable objective functional deficits with range of motion and motor strength, quantifiable objective functional improvements with previous physical therapy sessions. There is lack of documentation regarding a home exercise program being initiated and/or exceptional factors to indicate additional physical therapy sessions. The request for 6 physical therapy visits exceeds recommended guidelines and due to the lack of current measurable objective functional deficits, quantifiable objective functional improvements, the physical therapy request is not warranted at this time. Therefore, the request is not medically necessary.