

<b>Case Number:</b>	CM14-0029361		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 38 year old female with a date of injury of 04/19/2013. The listed diagnoses per [REDACTED] dated 01/08/2014 are: Concussion with coma; Headache; Cognitive deficits; Knee contusion; Vertigo; Insomnia due to medical condition; Muscle spasm; Face, scalp, neck contusion; Swelling/mass/lump in the head/neck; Sensory problems with limbs; Foot drop. According to this report, the patient complains of left leg pain that has improved a lot. She still has vertigo and bad headaches. The physical exam shows the lateral left knee is less tender than before. The patient is wearing an AFO on left foot/leg. There is improved range of motion of her left knee with improved hypertonus of the calf. She has decreased fasciculations to her left quadriceps and left calf. The utilization review denied the request on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, twice weekly for 3 weeks, left leg, Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The medical records provided for review do not show any recent or prior physical therapy reports to verify how many treatments were received and with what results. The utilization review denied the request stating that there is limited evidence of significant functional gains as well as decreased pain intensity as a result of prior therapy. The progress report dated 11/06/2013 mentions physical therapy for the left knee; however, the exact number of sessions was not documented. The progress report dated 12/04/2013 notes that the patient is getting more range of motion of her left knee with physical therapy. The treater notes that the patient is getting physical therapy twice a week and that it was authorized 4 weeks ago. The report dated 01/08/2014 documents that the patient is currently wearing an AFO on the left foot/leg, and her range of motion has definitely improved in the left knee. It appears that the patient received some therapy in November and December 2013; however, the exact number of treatments was not documented. The treater has asked for additional therapy but does not mention treatment history. It is not explained why the patient requires additional therapy and why the patient is not able to do home exercises to improve. The MTUS Chronic Pain Guidelines allows 9-10 sessions for this type of condition and given that the patient already had a course of therapy a recently, additional therapy does not appear indicated. The request is not medically necessary and appropriate.