

<b>Case Number:</b>	CM14-0039054		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Pain Management 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 58 year old with an injury date on 1/14/14. The patient complains of sharp pain in left posterior of her elbow with no radiation, sharp pain in anterior aspect of her left knee with no radiation, and pain in posterior aspect of her head per 1/15/14 report. The patient states that the pain is dull, intermittent, and worsens with walking and bending of her left knee/elbow per 1/15/14 report. Based on the 1/15/14 progress report provided by [REDACTED] the diagnoses are: left elbow contusion; left knee contusion; headaches after a head contusion. An exam on 1/15/14 showed left elbow has swelling over the olecranon, and tenderness to palpation over the olecranon. Range of motion of elbow is unrestricted and pain free. Left knee has swelling anteriorly and tenderness to palpation to palpation anteriorly. Range of motion is limited to 90 degrees in flexion. [REDACTED] is requesting physical therapy evaluation and treatment two times a week for six weeks. The utilization review determination being challenged is dated 3/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 3/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluate and treatment two (2) times a week for six (6) weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pg. 98, 99.

**Decision rationale:** This patient presents with left knee pain and left elbow pain. The treater has asked for physical therapy evaluation and treatment two times a week for six weeks on 1/15/14. The 1/15/14 report shows patient is slowly improving from recent injury and treater wants her to stop using the brace and weight-bear as tolerated, do self-range of motion exercises, and if patient is further improved, move forward with physical therapy. Review of the reports do not show any evidence of recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. As this patient has no recent physical therapy treatments, a course of up to 10 therapy sessions are supported by MTUS for myalgia/myositis and neuralgia/neuritis. However, MTUS does not provide a clear guidance for acute injury and contusion injuries with weight-bearing problems. The requested 12 sessions of therapy appear medically reasonable given that the patient has not had any therapy thus far. Therefore, the request is medically necessary.