

Case Number:	CM14-0042388		
Date Assigned:	06/30/2014	Date of Injury:	10/18/2007
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 records, presented for review, indicate that this 73-year-old female was reportedly injured on October 15, 2007. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated March 18, 2014, indicated that there were ongoing complaints of right knee pain, bilateral shoulder pain, low back pain and neck pain. The physical examination demonstrated tenderness to palpation the posterior cervical spine, a positive Spurling's test, tenderness of the lower lumbar region with muscle spasms, positive straight leg raising (45) and tenderness over the bilateral acromioclavicular joints. Grip strength was reported to be 0 pounds. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications and physical therapy. A request had been made for physical therapy to the right knee and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Sprains and strains of knee and leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-338.

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on physical examination and by the parameters outlined in the ACOEM guidelines, there is little indication other than a home exercise protocol. Instruction in proper exercise technique is important, but what is noted, is that all that is supported would be home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight. The medical necessity for this additional physical therapy has not been established.