

Case Number:	CM14-0062186		
Date Assigned:	07/11/2014	Date of Injury:	12/10/2012
Decision Date:	09/12/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation 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 injured worker is a 56-year-old female who reported an injury on 12/10/2012 reportedly, while she was working for [REDACTED] as a school bus driver she developed associated headaches. She had to work with her upper extremities at all levels, grip, grasp, forcefully push and pull, twist/turn, lift up to 30 pounds, bend, stoop, squat, twist at the waist, climb in and out of the bus and drive. The injured worker's treatment history included x-rays, MRI, CT scan, physical therapy, and medications. The injured worker was evaluated on 04/03/2014. It was documented that the injured worker had returned for a followup. She was S/P C/S surgery with minimal pain. The injured worker complained of mild pain. The injured worker complained of mild bilateral hand and wrist pain. The injured worker complained of constant bilateral knee pain with right side greater than left. The injured worker received a cortisone injection in her left knee that provided her with 60% pain relief for 3 to 4 days. In the past, she also received good but temporary relief from her injection in the right knee. The injured worker stated that with her right bilateral knees, right knee was greater than left. Physical examination revealed bilateral knee infusions, bilaterally. Positive crepitation, bilaterally. The injured worker had full extension, bilaterally. Flexion was to 120 degrees, bilaterally. There was a negative Lachman's test, bilaterally. Positive McMurray's test bilaterally, right greater than left. The injured worker had tight lateral tenaculums. No apprehension, bilaterally. Medications included Motrin. In the documentation, the provider noted he was requesting cold therapy unit postoperatively and 12 sessions of postoperative physical therapy for the right knee, 2 times a week for 6 weeks. Diagnoses included cervicothoracic strain/arthrosis, status post C2 to T12 fusion, nonindustrial, improved left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, lumbosacral strain/arthrosis, and status post bilateral knee contusions with chondral versus osteochondral defects of the patella. The

Request for Authorization dated 04/09/2014 was for therapeutic exercises; the rationale was for postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC EXERCISES: 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, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. Post-surgical treatment may support up to 12 visits over 12 weeks no more than 4 months for old bucket handle tear; Derangement of the meniscus: Loose body in knee: Chondromalacia of the patella: Tibialis tendonitis of the knee. The documents submitted indicated the injured worker was status post right knee contusions with chondral versus osteochondral defects of the patella. The request submitted failed to indicate location where injured worker is requiring therapeutic exercises and did not include frequency or duration of treatment. As such, the request for Therapeutic Exercises is not medically necessary.