

Case Number:	CM14-0067881		
Date Assigned:	07/14/2014	Date of Injury:	08/23/2013
Decision Date:	08/20/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/12/2014

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 57-year-old female who reported an injury on 08/23/2013. The mechanism of injury was the injured worker got tangled in shrink wrap and lost her balance and fell and landed on her knees. Prior treatments included a back brace, medications, physical therapy to the bilateral knees and lumbar spine, and chiropractic care. The documentation of 03/05/2014 revealed the injured worker had 3+/5 strength bilaterally in the psoas muscle. The quads were 3+/5 on the right and 4/5 on the left, and the anterior tibialis was 4/5 on the right and 5/5 on the left. The injured worker complained of lumbar spine pain and decreased flexibility. The request was for further therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week or 4 weeks for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg.

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

Decision rationale: The California MTUS Guidelines recommend 9 to 10 sessions of physical therapy for myalgia and myositis. The clinical documentation submitted for review indicated the

injured worker had previously undergone therapy. There was a lack of documentation of objective functional benefit and documentation of an objective physical examination to support the necessity for further therapy. There were no objective findings noted on examination. There was no note to correlate specifically with the request from 02/10/2014. Given the above, the request for physical therapy 3 times a week for 4 weeks for bilateral knees is not medically necessary and appropriate.