

<b>Case Number:</b>	CM14-0068783		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 33-year-old female who reported an injury on 08/01/2010. The mechanism of injury was not provided. On 04/11/2014, the injured worker presented with pain in the neck, mid-back, and lower back. Upon examination, there was decreased range of motion of the cervical and lumbar spine secondary to pain. There was positive cervical tenderness and paraspinal muscle spasming with a positive trapezial tenderness and spasming. Prior therapy included medications. The provider recommended physical therapy for the left knee; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee ( frequency unknown):** 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.

**Decision rationale:** The request for physical therapy for the left knee (frequency unknown) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)

Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of prior physical therapy as well as efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy; the amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home. There are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request does not specify the amount of physical therapy visits or the frequency of the visits in the request as submitted. As such, the request is not medically necessary.