

Case Number:	CM14-0098358		
Date Assigned:	09/23/2014	Date of Injury:	05/25/2012
Decision Date:	10/27/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

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 Medicine and is licensed to practice in Minnesota. 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 39-year-old female with a reported date of injury of 05/25/2012. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include chronic left knee strain, thoracic and lumbar myofascial pain, left shoulder impingement, and left lateral epicondylitis. Her previous treatments were noted to include medications, local left knee injections, chiropractic treatment, and physical therapy. The progress note dated 05/12/2014* revealed the injured worker remained on medications and was impaired by her injury. The provider indicated the injured worker would be totally temporarily disabled. The injured worker complained of left knee pain rated 5/10 to 6/10, described as stabbing, and there was numbness along the left knee. The injured worker reported issues with her neck and upper, mid, and lower back as well as left shoulder. The physical examination of the thoracic and lumbar spine noted mild tenderness on palpation of the lower lumbar paravertebral muscles with no tenderness elsewhere and the injured worker was able to nearly touch her toes. The straight leg raise was negative bilaterally. The lower extremity had full range of motion to all joints with slight diffuse tenderness on palpation to the left knee. The strength was rated 5/5 with the exception of the left knee extensors. The knee examination revealed collateral and cruciate ligaments were intact. The McMurray's and apprehension tests were noted to be negative. The Request for Authorization dated 05/25/2014 was for physical therapy 1 time a week for 10 weeks for myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 10 weeks: 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 Therapy Page(s): 98-99..

Decision rationale: The request for physical therapy 1 time a week for 10 weeks is not medically necessary. The injured worker complained of knee pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. The documentation provided indicated the injured worker has utilized physical therapy previously; however, the number of sessions completed as well as quantifiable objective functional improvements with previous physical therapy sessions was not submitted within the medical records. The progress note dated 05/12/2014 did not give a measurable functional deficit. Additionally, the request failed to provide the body region to which the physical therapy was to be performed. Therefore, the request is not medically necessary.