

Case Number:	CM14-0205576		
Date Assigned:	12/17/2014	Date of Injury:	04/16/2014
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 being treated for bilateral knee and right elbow pain. Persistent pain and crepitus and knee instability was noted on physical examination. On 8/20/14 continued physical therapy sessions were requested totaling 16 visits. For the diagnosis of myalgias and myositis MTUS guidelines recommends 9-10 physical therapy visits over 8 weeks. Request for 16 visits exceeds these MTUS guidelines is therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sixteen sessions to the bilateral knees and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The injured worker is being treated for bilateral knee and right elbow pain. Persistent pain and crepitus and knee instability was noted on physical examination. On 8/20/14 continued physical therapy sessions were requested totalling 16 visits. For the diagnosis of

myalgias and myositis MTUS guidelines recommends 9-10 physical therapy visits over 8 weeks. Request for 16 visits exceeds these MTUS guidelines is therefore not medically necessary.