

<b>Case Number:</b>	CM14-0205789		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. The expert reviewer is Board Certified in Occupational Medicine, 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:

Patient is a 39 year-old male with date of injury 11/26/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as low back pain and left knee pain. Objective findings: Examination of the patient revealed positive Kemp's sign bilaterally. Positive straight leg raise at 30 degrees on the left and 90 degrees on the right. Positive Braggard's bilaterally. Positive Bechterew's bilaterally. Diagnosis: 1. Lumbosacral strain/sprain 2. Elbow and forearm strain/sprain 3. Hip and thigh strain/sprain. It was noted in the records supplied for review that the patient has completed previous sessions of chiropractic care and physical therapy, but the frequency and duration of the visits was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy - Left Knee x 9:** 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 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, the date of injury is over one year, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Physical Therapy - Left Knee x 9 is not medically necessary.