

<b>Case Number:</b>	CM14-0206757		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, Arizona

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 a 53-year-old female who reported an injury on 03/27/2013. The mechanism of injury was not stated. The current diagnoses include chronic pain, sprain of the knee and leg, sprain of the ankle, and pain in a limb. The injured worker presented on 11/11/2014 for a followup evaluation. It was noted that the injured worker had received a cortisone injection into the right ankle with a 60% decrease in pain. The current medication regimen includes Ultracet. Upon examination, there was right knee and ankle joint tenderness with intact sensation. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for 6 weeks for bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

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

**Decision rationale:** California MTUS Guidelines state 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. In this case, there was no specific body part listed in the current request. There was also no comprehensive physical examination provided with documentation of range of motion values. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate.