

<b>Case Number:</b>	CM14-0144047		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 50-year-old female with a reported injury on 07/16/2004. The mechanism of injury was not reported. The injured worker's diagnoses included Achilles tendinitis or bursitis and pes anserinus tendinitis or bursitis. Past treatment included physical therapy. No documentation of diagnostic testing or surgical history was provided. The injured worker was evaluated on 05/08/2014 for complaints of left knee pain, and right foot and ankle pain. The clinician observed and reported a well healed incision over the operative site. There was loss of motor strength over the right ankle and the left knee strength was graded at 4/5 with decreased range of motion. The clinician also noted that the injured worker was 5 feet 3 inches tall and weighed 276 pounds. The clinician also indicated that the injured worker should lose approximately 150 pounds in order to reduce the stress over her lower extremities to reduce her pain, increase her functional capacity, and avoid further aggravation of her industrial injuries. The clinician's treatment plan included an additional 10 weeks of [REDACTED] to be provided for the injured worker. The clinical also requested physical therapy to be provided for the left knee and right knee. At the time of the visit, the injured worker denied having any current medications. The request was for physical therapy times 12 for the left knee and right ankle, right lower extremity. A Request for Authorization form 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 X12 for the Left Knee and Right Ankle, Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The injured worker does complain of pain to her left knee, right foot, and right ankle. The California MTUS Chronic Pain Medical Treatment Guidelines do recommend physical medicine for myalgia and myositis at 9-10 visits over 8 weeks. The provided documentation indicates the injured worker had previous physical therapy. Documentation of that therapy was not provided to include the number of sessions completed and efficacy of treatment. In addition, the request for 12 additional sessions exceeds the guideline recommendations and does not specify the frequency or duration of treatment. Therefore, the request for Physical Therapy X12 for the Left Knee and Right Ankle, Right Lower Extremity is not medically necessary.