

Case Number:	CM14-0084896		
Date Assigned:	07/23/2014	Date of Injury:	04/11/2013
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 61 year-old female who reported injury on 04/11/2013. The mechanism of injury was cumulative trauma. On 04/11/2013, the injured worker was leaning to put something in the safe when a desk chair rolled out from under the injured worker and the injured worker fell onto their buttocks and had injuries to the neck, head, left knee, low back, and tailbone. The injured worker's medications included Celexa and anti-inflammatories. There was no surgical history documented. The injured worker had an x-ray of the coccyx and a CT angiogram of the knee. The injured worker was noted to have 30 sessions of physical therapy and a brace for the left knee. The injured worker had a left knee injection in 06/2013 without benefit. The documentation of 05/02/2014 revealed the injured worker had complaints of coccyx, right medial elbow, and left knee pain. The physical examination revealed right medial elbow tenderness. The injured worker had medial epicondylar testing that was positive on the right. The injured worker demonstrated a positive golfer's elbow test. The physical examination of the lumbar spine revealed levoscoliosis. The injured worker had coccygeal tenderness that was moderate to severe. The injured worker had positive medial joint tenderness on the left knee. The diagnostic impression included left knee medial compartment osteoarthritis, right elbow medial epicondylitis, cervical spine sprain and strain with underlying cervical spondylosis, levoscoliosis of the lumbar spine, and coccydynia. The discussion indicated the injured worker had a short course of physical therapy on the elbow and left knee and the injured worker believed she was responding to the therapy and as such, the therapy should be extended. The extension of physical therapy was to address the coccyx, right medial elbow, and the left knee. The injured worker was noted to not be a candidate for an injection due to severe lidocaine and local anesthetic allergies. The treatment plan included 8 additional visits of physical therapy

addressing the coccyx, right elbow, and left knee. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X 8 sessions coccyx, right elbow, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s) : 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back- Sciatica: ODG- Elbow: Physical Therapy; ODG- Knee and leg: Physical Medicine.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 sessions. The clinical documentation submitted for review indicated the injured worker had 30 previous sessions of physical therapy. There was a lack of documentation indicating the quantity of sessions that were for the coccyx, right elbow, and left knee. There was a lack of documentation of objective functional deficits to support the necessity for supervised therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for Physical Therapy X 8 sessions coccyx, right elbow, left knee is not medically necessary.