

Case Number:	CM14-0197715		
Date Assigned:	12/08/2014	Date of Injury:	06/18/2014
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Surgery, 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:

49 year old female claimant with an industrial injury dated 06/18/14. MRI dated 07/14/14 reveals a retracted tear of the right proximal hamstring complex. The patient is status post a hamstring tendon repair and a left knee anterior cruciate ligament repair. Exam note 10/22/14 states the patient returns with low back and right hamstring pain. Current medications include ibuprofen and Omeprazole. Upon physical exam the patient demonstrated a full active extension and a flexion to 100' with the right knee. The patient has a hamstring weakness of 3/5. The patient revealed intact distal motor and sensory functions. The patient has completed 7 out of 10 physical therapy sessions. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for ROM right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: Per CA MTUS/Post surgical treatment guidelines, page 23, Osteoarthritis and allied disorders, 18 visits is recommended over 12 weeks. In this case the claimant has had 7

visits. There is insufficient evidence from the records of 10/22/14 of function improvement to warrant additional physical therapy visits. Therefore, the request is not medically necessary.