

Case Number:	CM14-0217282		
Date Assigned:	01/07/2015	Date of Injury:	12/28/2009
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 42-year-old female who reported an injury on 12/28/2009. The mechanism of injury involved a fall. The current diagnoses include radicular syndrome in the lower limbs and myalgia and myositis. The injured worker presented on 10/27/2014 with complaints of irritation to the hip and knee on the left side. The injured worker had been performing home exercises, particularly stretching. Upon examination, there was a limping gait, improved posture mechanics, slightly increased lordosis, and a slight weight shift to the left. There were multiple tender points throughout the TFL, gluteus medius, gluteus maximus, and piriformis on the left. There was tenderness throughout the iliotibial band into the knee. Recommendations at that time included an additional 6 sessions of physical therapy. A Request for Authorization form was then submitted on 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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. The specific type of physical medicine procedure was not listed in the request. A quantity was not provided in the request. A specific body part was also not provided in the request. The injured worker has participated in a previous course of physical therapy; however, there was no documentation of objective functional improvement. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.