

Case Number:	CM13-0010848		
Date Assigned:	09/19/2013	Date of Injury:	06/02/2013
Decision Date:	01/29/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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 beneficiary is a 23 year old female who presents after a slip and fall at work on 6/2/13. The initial evaluation of claim was on 7/16/13. She complains of right wrist, arm and knee pain. She has a history of left wrist ganglion cyst which was aspirated. She has no other medical history. The vital signs are stable. The exam shows decreased range of motion in the wrist. Some increased tenderness of dorsum and volar surface of wrist with Tinnel and Phalen sign positive. The x-rays show no displacement or fracture. The knee shows some decreased range of motion. No instability and no effusion. The recommended treatment is physical therapy for four weeks at three times per week. There is no prior physical therapy and the nature of the injury is acute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week times 4 weeks for the right arm and wrist and right arm and knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 263-268, 329-360, 341-343.

Decision rationale: The beneficiary does not appear to have injury requiring surgical correction. She appears to have strain of wrist, arm and knee. I refer to MTUS guidelines 9792.20 p. 263-268 in my decision. She can benefit from instruction in local care including stretching, ice and strengthening exercises. The guidelines do not recommend a course of the requested physical therapy. The treatment can be performed at home by the beneficiary.