

<b>Case Number:</b>	CM13-0014580		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 in Internal Medicine, Cardiology, has a subspecialty in Cardiovascular Disease 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 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 patient is a 57-year-old female who reported an injury on 09/13/2011 due to a slip and fall causing injury to her hands and knees. The patient was treated conservatively with physical therapy, acupuncture, medications, and injections. The patient's most recent clinical exam findings included joint knee effusion of the right knee, tenderness to palpation along the anterior joint lines, and a positive McMurray's test. Evaluation of the wrists included tenderness to palpation along the joint lines, a positive Tinel's, and positive Phalen's test with reduced grip bilaterally, and reduced sensation in the bilateral median nerve distributions. Physical evaluation of the lumbar spine revealed paravertebral musculature tenderness and spasming, restricted range of motion, and a positive straight leg raising test bilaterally. The patient's diagnoses included bilateral knee internal derangement, bilateral wrist sprain, and lumbar radiculopathy. The patient's treatment plan included continuation of medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 bilateral knees, bilateral wrists, and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The requested physical therapy 3 times a week for 4 weeks to the bilateral knees, bilateral wrists, and low back are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints and range of motion restrictions that may benefit from physical therapy. However, the clinical documentation submitted for review does provide evidence that the patient previously participated in physical therapy. Therefore, a home exercise program should be established. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although California Medical Treatment Utilization Schedule would support a small number of physical therapy visits to reinforce a home exercise program, the requested 12 visits is in excess of that recommendation. There are no exceptional factors noted with the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 3 times a week for 4 weeks to the bilateral knees, bilateral wrists, and low back is not medically necessary or appropriate.