

Case Number:	CM13-0019330		
Date Assigned:	10/11/2013	Date of Injury:	08/10/2011
Decision Date:	02/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Practice 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 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 43-year-old female who reported an injury on 08/10/2011. The mechanism of injury was noted to be a slip and fall. The patient's symptoms are noted as left knee pain, as well as pain in her right wrist and upper extremity due to the use of a cane. It was noted on 09/16/2013 that [REDACTED] recommended the patient attend physical therapy; however, the patient had refused to receive physical therapy because she felt that, until she could get off the cane, she would not be able to minimize or control her wrist pain. It was noted that they were going to hold physical therapy treatment until the issue could be resolved. Her physical exam findings included moderate to severe pain over the right medial joint space of the left knee, antalgic gait, painful range of motion of the left knee, and painful range of motion of the right wrist and elbow. Her diagnoses include moderate effusion of the left knee, sprain/strain of the left knee, pain of the right wrist, elbow, and arm, all due to the use of her cane, and status post 2 left knee surgical procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice (2) per week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, Pain (Chronic)

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

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended for unspecified myalgia and myositis at 9 to 10 visits over 8 weeks. The patient's most recent note indicates that she is refusing to participate in physical therapy until her wrist pain is resolved. Additionally, the request for physical therapy twice a week for 6 weeks for a total of 12 visits exceeds the guideline recommendations for treatment of myalgia as 9 to 10 visits. Despite the patient's symptoms and functional deficits, she has been noted to refuse physical therapy, and as the requested number of visits exceeds the guidelines. Therefore, the requested service is not supported.