

Case Number:	CM13-0041414		
Date Assigned:	12/20/2013	Date of Injury:	06/02/2013
Decision Date:	04/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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, has a subspecialty in Physical Medicine 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:

This is a 25-year-old female claimant sustained an injury on 6/2/13 resulting in right wrist and right knee pain. An exam report on 6/4/13 indicated decreased range of motion of the right wrist and tenderness. The right knee had ecchymosis only. The x-rays of both joints were negative. A diagnosis of knee and wrist internal derangement were made and a request for physical therapy three times a week for 6 weeks was made on 7/16/13. An MRI of the right wrist and knee on 9/6/13 were negative. A progress note on 11/5/13 indicated continued findings of wrist strain and knee strain. Objective findings included a positive Phalen's test in the wrist and McMurray's test in the knee.

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 FOR 4 WEEKS FOR THE RIGHT WRIST AND KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Hand Complaints, Knee Complaints Physical Medicine Page(s): s 98-99, 271.

Decision rationale: According to the guidelines, physical medicine/therapy is recommended over a fading treatment plus self-directed medicine. In addition for the hand, instructions for at home exercises are recommended. For the knee physical methods are recommended for post-operative care and education for subsequent home exercises. Based on the above, therapy 3 times per week for 4 weeks is not medically necessary.