

Case Number:	CM13-0063318		
Date Assigned:	12/30/2013	Date of Injury:	02/23/2009
Decision Date:	05/12/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 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/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 40-year-old female with a date of injury of 02/23/2009. The mechanism of injury was due to cumulative trauma involving the bilateral wrists and right knee. The injured worker is status post right knee arthroscopic partial lateral meniscectomy, intra-articular free body removal, patellar chondroplasty and right knee injection on 02/21/2013, followed by 14 postoperative physical therapy visits from 03/04/2013 to 04/17/2013. An unofficial, undated nerve conduction study of the upper extremity revealed a moderate sensorimotor and median neuropathy across the wrist bilaterally, slightly worse on the left side. In a progress report on 12/04/2013, the injured worker presented with bilateral wrist pain with associated numbness and tingling in the hands and was reportedly dropping things. The injured worker also reported the left knee and upper back being bothersome, but overall, improving. On physical exam of the bilateral hands and wrists, there was a positive Phalen's and Tinel's, tenderness about the thenar eminence, restricted range of motion, swelling and able to dorsiflex to 40 degrees and volar flex to 40 degrees. The treatment plan was to administer an intramuscular injection on the date of the exam to treat the acute symptoms and plan for a carpal tunnel release. Also part of the treatment plan was for physical therapy to the wrists and right knee. There was a request for authorization received on 12/04/2013 with diagnoses and indicating re-evaluation within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERL WRIST TWICE A WEEK FOR FIVE WEEKS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend 8-10 visits over 4 weeks for neuralgia and neuritis and a home exercise program is recommended. The request for physical therapy for the bilateral wrists twice a week for 5 weeks is non-certified. Objective findings did indicate signs of carpal tunnel syndrome as well as that there was tenderness and restricted range of motion and physical therapy is recommended to significantly improve, develop and restore physical functions as well as providing instructions for a home exercise program. However, the number of prior physical therapy sessions and efficacy was not provided in order to determine necessity. As such, the request is non-certified.

PHYSICAL THERAPY FOR THE RIGHT KNEE TWICE A WEEK FOR FIVE WEEKS:
Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of active treatment modalities due to substantial better clinical outcomes. The request for the right knee twice a week for 5 weeks is non-certified. On physical exam, there were no findings of significant and functional impairments, and the documentation received indicated that the injured worker completed 14 postoperative physical therapy visits to date. The clinical information failed to provide an adequate examination of the knee indicating significant deficits that would support additional therapy versus an independent home exercise program. Therefore, the request is non-certified.