

<b>Case Number:</b>	CM13-0066991		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery, 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 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:

The claimant is a 44-year-old female injured in a work related accident on 8/28/13. The records include a 4/7/14 orthopedic follow-up with [REDACTED] indicating continued complaints of low back and bilateral knee pain. It states that the claimant continues to be symptomatic to both injuries. It states that she has recently been on a weight reduction program, but continues to utilize narcotic medication. Physical examination showed restricted range of motion of the lumbar spine with tenderness at endpoints. There was no gross instability. There was normal strength, sensory, and reflexive examination. The bilateral knees were noted to be with full range of motion, no weakness, equal and symmetrical reflexes, negative McMurray's testing, and no instability. The claimant's diagnoses were status post a left wrist fracture and bilateral knee internal derangement. Recommendations were for an additional course of formal physical therapy. Further clinical records reviewed give no documentation of prior surgical history in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LEFT WRIST AND BILATERAL KNEES:** 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 Page(s): 98-99.

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy in the chronic setting would not be indicated. While further physical therapy is being recommended based on the claimant's subjective complaints, objective findings fail to demonstrate acute indication of further physical therapy. There is no documentation of functional deficits to the wrist or the bilateral knees that would necessitate the need for further physical therapy at this chronic stage and course of care. Given the documentation of physical therapy already rendered in the timeframe from injuries, this request is not medically necessary.