

<b>Case Number:</b>	CM13-0071448		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, and is licensed to practice in Minnesota. 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 injured worker is a 48-year-old male who reported an injury on 4/4/12 due to a fall. The injured worker sustained an injury to his bilateral knees, bilateral wrists and hands, and low back. The injured worker's treatment history included physical therapy, medications, and arthroscopic surgery of the right knee. The injured worker was evaluated on 10/18/13. It was noted that the injured worker had persistent pain complaints. Physical findings included an abnormal gait with abnormal heel toe walking, a positive Tinel's sign, a positive Finkelstein's sign, and a positive Phalen's sign of the bilateral hands and wrists. It was noted that the injured worker had restricted range of motion of the lumbar spine secondary to pain and restricted range of motion in the bilateral knees secondary to pain. The injured worker had decreased motor strength rated at a 3/5 of the bilateral lower extremities with a positive compression test, grinding test, and drawer test bilaterally. The injured worker's diagnoses included status post arthroscopic surgery on the bilateral knees, bilateral knee pain, bilateral wrist sprain/strain, and lumbar sprain/strain. The injured worker's treatment plan included an MRI of the lumbar spine, electrodiagnostic studies of the bilateral upper extremities and lower extremities, acupuncture, and 24 sessions of physical therapy/chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 24 SESSIONS BIL KNEES, BIL HANDS/WRISTS, LOW BACK:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Table 11-7; Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8; Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), Table 13-6; and the Official Disability Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend that injured workers undergo 8-10 visits of physical therapy for radiculopathy, neuralgia, and myalgia. The clinical documentation submitted for review does indicate that the injured worker has already participated in physical therapy for the bilateral knees; however, there is no documentation that the injured worker has previously participated in physical therapy directed towards the bilateral hands and wrists, and low back. Therefore, 8-10 visits would be appropriate to address the injured worker's bilateral hands and wrists and low back complaints, and to transition the injured worker into a home exercise program to maintain improvement levels of the bilateral knees; however, the requested 24 sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary.