

Case Number:	CM13-0072140		
Date Assigned:	01/08/2014	Date of Injury:	07/17/2013
Decision Date:	04/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 33-year-old female who reported an injury on 07/17/2013. The mechanism of injury was not provided in the medical records. The patient's diagnoses include cervical, thoracic, and lumbar spine strain; internal derangement/chondromalacia of the left knee; contusion/straining injury of the bilateral wrists; left lumbar radiculopathy. Her physical examination findings include decreased range of motion in the cervical spine, mild limitation of motion in the thoracic spine, tenderness to palpation over the bilateral wrists, tenderness to palpation over the medial joint line in the left knee, positive McMurray's test, and mild patellofemoral irritability. It was noted the patient completed 2 physical therapy visits previously in the treatment of the low back and right wrist on 07/26/2013 and 07/30/2013. However, the patient was not shown to have had physical therapy in the treatment of the cervical spine, thoracic spine, left wrist, or left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL, THORACIC, BILATERAL WRISTS AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back; Forearm,

Wrist & Hand; Low back Lumbar & Thoracic; and Knee & Leg (Acute & Chronic), Physical Therapy (PT)

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

Decision rationale: According to California MTUS Guidelines, physical therapy may be recommended in the treatment of unspecified myalgia and myositis at 9 to 10 visits over 8 weeks. the patient was shown to have objective functional deficits in range of motion of the cervical spine and thoracic spine. However, she was not shown to have current measurable objective functional deficits in the bilateral wrists or left knee. In the absence of measurable objective functional deficits, physical therapy is not supported. Additionally, as the request for physical therapy 2 times per week for 6 weeks exceeds the guidelines recommended 9 to 10 visits, exceptional factors would be needed to warrant extended physical therapy treatments. Based on the above, the request for physical therapy 2 times a week for 6 weeks for the cervical, thoracic, bilateral wrists, and left knee is non-certified.