

<b>Case Number:</b>	CM14-0012669		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 7/15/09 involving her right wrist/hand and left knee. She was later diagnosed with right wrist and hand injury, forearm strain, bilateral knee contusions, de Quervain's tenosynovitis right wrist, left meniscal tear, and right thumb carpometacarpal joint arthritis. She was treated with conservative treatments and later surgery on her left knee (medial meniscectomy and chondroplasty, 2009). Her most recent surgeries were on 10/18/12 when she underwent a left knee arthrotomy with medial uncompartamental arthroplasty and on 4/15/13 when she underwent an interpositional arthroplasty on her right wrist. Following both of these surgeries, separate physical therapy sessions were attended by the worker. Many months after her wrist surgery (on 12/13/14) she had completed at least 14 physical therapy sessions on her right wrist with continual weakness and little change in residual pain, and was seen by her chiropractor reporting neck pain, low back pain, left knee pain (8/10 on pain scale), right knee pain, and right wrist pain (5/10 on pain scale). Her chiropractor recommended that she restart physical therapy on her left knee for 8 sessions as well as extend the number of right wrist physical therapy sessions to include 8 additional sessions without explanation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT PHYSICAL THERAPY VISITS FOR LEFT KNEE AND RIGHT HAND:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): p. 24 p. 19.

**Decision rationale:** The MTUS Post-Surgical Treatment Guidelines suggest that following a knee arthroplasty, 24 visits of physical therapy over 10 weeks and up to 4 months past the surgery date is reasonable. It also states that following wrist arthroplasty, 24 physical therapy visits over 8 weeks and up to 4 months past the surgery date is reasonable. It is not clear if the worker had an acute flare-up of her chronic pain in her knee. Her knee surgery was more than one year prior to the request for more physical therapy. Her wrist therapy seems to be helping her to some extent, but her pain level did not seem to be improving over the most recent sessions, and there was no report of her having trouble with home exercises. Due to the lack of evidence suggesting the worker requires additional supervised physical therapy, and without documentation of a reasonable exception in this case, the request is not medically necessary.