

<b>Case Number:</b>	CM14-0164118		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Med & Rehab 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 injured worker is a 58 years old male with a date of injury on 7/8/10. A primary treating physician's progress note dated 5/7/14 indicated that the injured worker had complaints of right hip and knee pain. He underwent right hip bursectomy in 2011 and completed post operative therapy. He continued to have right knee pain which limits his ability to walk. Treatment has included corticosteroid injections, ortho synvisc injections, medication and physical therapy. Physical examination of the right knee showed 130 degrees of flexion, positive patellar grind and McMurray's test. There was normal motor strength and sensation in the lower extremities. A magnetic resonance imaging (MRI) of the right knee on 12/2/13 showed medial meniscus tear, effusion and patellofemoral osteoarthritis. An assessment included right hip bursitis as well as right and left knee meniscal tear. The injured worker has undergone prior knee meniscectomy twice in 2010. The plan included right knee arthroscopy for repeat meniscectomy. It also included home therapy and post-op right knee range of motion and strengthening. The primary treating physician note dated 5/12/14 indicated that the injured worker also has a history of neck and low back pain. Per the note the injured worker has had 12 visits of physical hand therapy. Diagnoses included L5-S1 anterolisthesis, degenerative disc disease of the cervical and lumbar spine, mild right carpal tunnel syndrome and rotator cuff injury. The injured worker underwent right wrist arthroscopy with complete synovectomy on 2/10/14 and follow-up note dated 9/25/14 from the hand surgeon indicated that the injured worker continued to have pain and swelling in the right wrist and hand and had not received authorization for continued physical therapy. Physical examination showed volar forearm tenderness and stiffness at the right wrist with pain on range of motion. It also showed mild subluxation of the lateral bands at the right small proximal interphalangeal joint with mild swan neck deformity. Recommendations included continued physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times A Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist & Hand Page(s): 18.

**Decision rationale:** The injured worker underwent right wrist arthroscopy with complete synovectomy on 2/10/14 and follow-up note dated 9/25/14 from the hand surgeon indicated that the injured worker continued to have pain and swelling in the right wrist and hand and had not received authorization for continued physical therapy. The physical examination showed volar forearm tenderness and stiffness at the right wrist with pain on range of motion. It also showed mild subluxation of the lateral bands at the right small proximal interphalangeal joint with mild swan neck deformity. Recommendations included continued physical therapy. Per the documentation provided for review the injured worker was approved for 12 visits of physical therapy post-operatively on 4/4/14 and another 12 visits on 6/25/14. While the hand surgeon recommends continued physical therapy, there is no documentation indicating objective functional improvement from the physical therapy already received by the injured worker. Therefore, the requested physical therapy 2 times a week for 6 weeks is not medically necessary.