

<b>Case Number:</b>	CM14-0082759		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Medicine and Rehabilitation 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 46-year-old male who sustained an injury on 05/09/2001 when his leg went out and he fell on his left hand. The patient has chronic neck pain, right wrist and left knee pain. Exam of cervical spine revealed spasm, with painful and decreased range of motion. There is facet tenderness as well. Motor weakness noted at 4/5. Radiculopathy was noted at bilateral C5-C7. Exam of the right wrist revealed a positive Phalen and Durkin compression. Exam of the lumbar spine revealed spasm, with painful limited range of motion. Lasegue's sign was positive bilaterally. Straight leg raise was positive bilaterally to 60 degrees. Motor weakness was noted bilaterally: 4/5. Pain was at SI distribution bilaterally. Exam of the left knee revealed a healed surgical incision. There is tenderness to palpation over the joint line. X-Rays of the left wrist had revealed distal radius- intra-articular nondisplaced fracture. Patient previously had PT for two times a week for six weeks for the wrist. On 03/20/2014, Norco 10/325 was refilled 120 tabs with three refills; Anaprox DS helps with pain and inflammation; Flexeril 10 mg 90 tabs with three refills; refilled Prilosec one tablet twice daily #60. Diagnoses: 1) Status post left knee surgery x1 with residuals. 2) Left knee recurrent internal derangement. 3) Right knee sprain/strain, rule out internal derangement. 4) Lumbar discogenic disease with radiculitis. 5) Chronic cervical spine sprain/strain. 6) Cervical discogenic disease. 7) Cervical facet syndrome. 8) Status post multiple inguinal hernia repairs left side. 9) Reported history of bladder incontinence resulting from left inguinal hernia surgical repair. 10) Acute distal radius fracture, non-displaced, but intra-articular. UR request for Physical therapy 2 x per week x 6 weeks was denied due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy #12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines allow 9 PT visits over 8 weeks for wrist pain or sprain/strain and 9 visits over 3 weeks for fracture of metacarpal bones. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or re-injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary.