

Case Number:	CM13-0048458		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2009
Decision Date:	11/06/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old female, who sustained an industrial-work injury on 10-3-09. A review of the medical records indicates that the injured worker is undergoing treatment for left wrist sprain-possible dorsal ganglion cyst and left knee sprain-patellofemoral arthralgia. The Magnetic resonance imaging (MRI) of the left knee dated 12-15-09 reveals there is no medial meniscus tear but there is degenerative intrasubstance within the posterior horn of the medial meniscus. Medical records dated (7-28-13 to 10-1-13) indicate that the injured worker complains of left wrist pain and popping with intermittent numbness and tingling in the fingers and decreased strength and left knee pain. The physician indicates that she has been working with modifications; however she was taken off of work due to increased pain and has been treated intermittently over the past several years. The physician also indicates that the injured worker's "symptoms have persisted and she is experiencing a flare-up at this time." The medical records indicate worsening of the activities of daily living due to flare-up and pain. Per the treating physician report dated 9-17-13 the injured worker is to remain off of work. The physical exam dated 10-1-13 reveals that the left wrist has swelling possibly representative of a dorsal ganglion cyst. There is tenderness noted and Grind test and Tinel's tests are positive. The left knee exam reveals tenderness, crepitus upon ranging, and pain over the medial joint line in McMurray's test and range of motion of the left knee is 140 degrees with flexion and 0 degrees with extension. The injured worker ambulates with a slight limp favoring the left lower extremity (LLE). The physician indicates that X-rays of the left wrist and left knee done 10-1-13 were unremarkable. Treatment to date has included pain medication, home exercise program (HEP),

consultation with orthopedic physician, and other modalities. There is no documentation of recent or previous physical therapy sessions. The request for authorization date was 10-1-13 and requested service included Physical therapy-rehabilitative therapy exercise-strengthening at two (2) times per week for four (4) weeks. The original Utilization review dated 10-11-13 modified the request to certify 2 sessions of physical therapy only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/rehabilitative therapy exercise/strengthening at two (2) times per week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." While the medical records suggest prior physical therapy treatment, the number of sessions were not detailed. The request is for 8 total sessions, which exceeds the initial guideline recommendation of 6 visit trial. The number of visits can be exceeded if exceptional factors are noted. The treatment notes do not indicate what exceptional factors are present that would support deviation from guidelines recommendations. As such, the request for Physical therapy/rehabilitative therapy exercise/strengthening at two (2) times per week for four (4) weeks is not medically necessary.