

<b>Case Number:</b>	CM15-0003012		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported an injury on 05/21/2014. The mechanism of injury was a fall. She is diagnosed with bilateral hand and knee sprain/strain, and contusion, as well as neck injury. Her past treatments were noted to include at least 15 physical therapy visits. An 11/04/2014, physical therapy evaluation indicated the treatment focused on the injured worker's bilateral knees and bilateral wrists and hands. At her followup appointment on 11/11/2014, the injured worker's symptoms were noted to include neck pain, headache, and dizziness. Physical examination revealed full range of motion of the upper and lower extremities, and no other abnormalities upon examination of the bilateral upper and lower extremities. It was noted that physical therapy seemed to be helpful, and continued treatment was recommended based on that improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 X 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, physical therapy is recommended, at a maximum of 10 visits for chronic pain, to promote objective functional improvement. The clinical information submitted for review indicated that the injured worker had previously completed at least 15 physical therapy visits. The physical therapy was noted to focus on her bilateral knees and bilateral wrists/hands. However, the most recent clinical note failed to provide any evidence of residual functional deficits in the bilateral upper or lower extremities to warrant additional physical therapy. Additionally, she was noted to have cervical spine pain. However, it is unclear how many physical therapy visits she has completed for the cervical spine, and there was no evidence of significant functional deficits related to this body region to warrant physical therapy either. Furthermore, the request as submitted did not indicate the body region to be treated with the requested physical therapy. For the reasons noted above, the request is not medically necessary.