

Case Number:	CM15-0106564		
Date Assigned:	06/10/2015	Date of Injury:	11/14/2014
Decision Date:	07/13/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female, who sustained an industrial injury on 11/14/2014. She reported injuring her hip, knees, and right wrist after falling down a set of stairs. The injured worker is currently able to return to work without restrictions. The injured worker is currently diagnosed as having right wrist/hand sprain/strain, bilateral knee contusion, and left hip contusion. Treatment and diagnostics to date has included physical therapy, heat/cold, orthotics, and medications. In a progress note dated 11/17/2014, the injured worker presented with complaints of left hip pain, bilateral knee pain, and right wrist pain. Objective findings include abnormal gait and tenderness to left buttock and left knee. The treating physician reported requesting authorization for additional physical therapy for the left knee and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 3 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

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

Decision rationale: The claimant sustained a work injury in November 2014 and underwent arthroscopic knee surgery in January 2015. She had 16 postoperative physical therapy treatments. She is also being treated for right wrist pain and has attended eight treatment sessions for a diagnosis of a sprain. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. The claimant has already had in excess of that number of treatments. The number of additional treatments being requested is in excess of that recommendation or what would be expected to be needed to finalize a home exercise program. Providing these treatments would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is therefore not medically necessary.

Additional physical therapy 3 times a week for 3 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in November 2014 and underwent arthroscopic knee surgery in January 2015. She had 16 postoperative physical therapy treatments. She is also being treated for right wrist pain and has attended eight treatment sessions for a diagnosis of a sprain. Guidelines recommend up to nine therapy sessions over eight weeks for the treatment of a wrist sprain. In this case, the number of additional treatments being requested is in excess of that recommendation or what would be expected to be needed to finalize a home exercise program. The request is not medically necessary.