

Case Number:	CM15-0132329		
Date Assigned:	07/20/2015	Date of Injury:	08/15/2014
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 53 year old female, who sustained an industrial injury on 8/15/14. She reported pain in the right wrist and right knee. The injured worker was diagnosed as having sprain/strain of the knee/leg, sprain/strain of the wrist, pain in joint of the lower leg, and patellar tendinitis. Treatment to date has included right knee arthroscopy, physical therapy, ultrasound treatment, and medication. The injured worker stated that after completing physical therapy she was still feeling the same pains. On 4/15/15, physical examination findings included tenderness along the patella tendon onto the tibial tubercle. Lachman's, Anterior Drawer, and McMurray's test were negative. Tenderness over the palmar surface of the distal radial ulnar joint and proximal carpal row was noted. Wrist full range of motion with pain and full strength with pain was noted. Currently, the injured worker complains of right wrist and right knee pain. The treating physician requested authorization for physical therapy 3x4 for the right wrist and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right wrist and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: MTUS 2009 recommends up to 12 sessions of PT after a meniscectomy and up to 10 sessions of PT for myalgia. The patient has already received PT consistent with guideline recommendations. The patient remains symptomatic without any interval improvement after prior PT. There is no explanation provided as to why additional PT should be provided in this case when there has been no improvement in the patient condition with prior PT. This request for additional PT is not medically necessary.