

Case Number:	CM15-0139783		
Date Assigned:	07/29/2015	Date of Injury:	12/13/2013
Decision Date:	08/27/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 58-year-old female, who sustained an industrial injury on 12-13-13. She has reported initial complaints of a left knee and right hand injury after a slip and fall injury. The diagnoses have included contusion of the right hand, sprain of right wrist, left knee contusion exacerbation, right shoulder rotator cuff strain; status post left knee surgery and De Quervain's tenosynovitis of the right wrist. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, injections, and other modalities. Currently, as per the physician progress note dated 5-27-15, the injured worker complains of knee pain and swelling in the left knee post-surgery with stiffness. She also notes that there is locking of the knee and a feeling that it hyperextends backwards. She feels that it is getting worse and the pain level is rated 6 out of 10 on pain scale. She also has pain in the right hand accompanied by throbbing pain in the hand that radiates to the wrist and shoulder. The pain is rated 5 out of 10 on pain scale. The current medications included Meloxicam and Voltaren gel. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right wrist and Magnetic Resonance Imaging (MRI) of forearm. The physical exam reveals right wrist pain with motion, pain with palpation, there is swelling present, there is positive Finkelstein's test and numbness along the first and second phalange with Tinel's test. The left knee exam reveals pain with motion, pain to palpation medially, swelling behind the patella with tenderness to palpation, and positive McMurray's test. The physician requested treatment included Physical Therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.