

<b>Case Number:</b>	CM15-0165848		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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 53 year old female who sustained an industrial injury on 07-27-2013. There was no mechanism of injury documented. The injured worker was diagnosed with right wrist closed navicular fracture, closed distal radius fracture, sprain of right wrist and medial and lateral meniscus tear. The injured worker is status post remote left knee surgery with partial lateral meniscectomy and chondroplasty in 2010 and left knee partial lateral and medial chondroplasty with synovectomy and removal of loose bodies in May 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on July 8, 2015, the injured worker continues to experience increasing pain to the knee since and low back pain. Examination of the left knee demonstrated no swelling, no crepitus and no instability. There was mild tenderness to palpation over the medial joint line with a well-healed surgical scar. Left strength and tone was noted as minus 5 out of 5 of the hamstrings, rectus femoris, semimembranosus, and biceps femoris and minus 4 out of 5 of the vastus intermedius. Active range of motion of the left knee was documented as flexion at 100 degrees and extension at 0 degrees. Current medication was noted as Ibuprofen. Treatment plan consists of continuing with medication and the current request for physical therapy for the left knee, right wrist magnetic resonance imaging (MRI), back brace and transcutaneous electrical nerve stimulation (TEN's) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left knee, 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy, left knee, 3 times a week for 4 weeks is not medically necessary.

**MRI right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**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), MRI's (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines recommend an MRI of the wrist or indications following trauma, suspected fracture, tumor, and suspected Kienbck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Documentation in the medical record does not support an MRI of the wrist based on the above criteria. MRI right wrist is not medically necessary.

**Back brace (type not specified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Activity.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Back brace (type not specified) is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. TENS unit is not medically necessary.