

Case Number:	CM15-0181145		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2015
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on 4-25-2015. The injured worker is being treated for cervical strain, rule out ligament damage right wrist, sacroiliitis and rule out internal derangement right knee. Treatment to date has included medications, ice and heat application, modified work, splinting, back support and physical therapy. Per the Primary Treating Physician's Progress Report dated 7-30-2015, the injured worker reported neck pain, right wrist pain, low back pain, right knee pain, difficulty falling asleep and anxiety. Right wrist pain was rated as 5 out of 10 in severity and right knee pain was rated as 4 out of 10 in severity. Objective findings of the right wrist-hand included swelling with loss of range of motion upon radial and ulnar deviation. Examination of the right knee revealed crepitus elicited upon active and passive range of motion, and medial and lateral stress elicit tenderness. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with prior physical therapy. Work status was with restrictions. The plan of care included physical therapy and authorization was requested for 10 physical therapy sessions for the right wrist and knee. On 8-10-2015, Utilization Review modified the request for 10 physical therapy sessions for the right wrist and knee citing that the number of requested visits exceeds guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy sessions for the right wrist and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 10 sessions to the right wrist and right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post assault at work; cervical strain; rule out ligament damage right wrist; sacroiliitis; and rule out internal derangement right knee. Date of injury is April 25, 2015. Request for authorization is dated August 3, 2015. According to a July 30, 2015 progress, subjective complaints include ongoing right wrist pain, low back pain and right knee pain. Pain has subsided. Objectively, there is risk of swelling with decreased range of motion and a positive Phalen's. There is right knee crepitus and positive McMurray's. Treating provider requested physical therapy two times per week times five weeks. The utilization review indicates there was a peer-to-peer conference call. Three physical therapy sessions were completed, however this is an inadequate physical therapy trial. An additional three sessions (totaling a 6 visit clinical trial) is clinically indicated. There is no clinical indication for an additional 10 sessions to the right wrist and right knee. The treating provider was in agreement. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of a completed clinical trial (three physical therapy sessions) and a peer-to-peer conference call indicating an additional three sessions of physical therapy (totaling six sessions) is appropriate, physical therapy 10 sessions to the right wrist and right knee is not medically necessary.