MAXIMUS Federal Services

| Case Number: | CM15-0191187 | | |
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| Date Assigned: | 10/05/2015 | Date of Injury: | 01/15/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

## 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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

## 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 57 year old female, who sustained an industrial injury on January 15, 2013, incurring hands and knees injuries. Electromyography studies revealed left and right median neuropathy and carpal tunnel syndrome. X rays of the right hand revealed first carpal metacarpal osteoarthritis. She was diagnosed with carpal tunnel syndrome, tendinitis of the right wrist and a lateral meniscus tear of the left knee. Magnetic Resonance Imaging of the right knee showed chondrosis and bursitis, and a closed head injury. Treatment included medication management, physical therapy and home exercise program, modified activities, cortisone injections, bracing and surgical interventions. Currently, the injured worker complained of persistent hands and bilateral knees pain. She noted swelling in her right hand. She reported bilateral knee pain rated 6 out of 10 with tenderness and limited range of motion. She noted a loss of muscle strength in both knees. She noted she had no relief from physical therapy and cortisone injections. The injured worker had a positive McMurray's test. The treatment plan that was requested for authorization on September 25, 2015, included physical therapy for the bilateral knees twice a week for four weeks. On September 21, 2015, a request for physical therapy for the bilateral knees was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x/4 (bilateral knees):** 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): Physical Medicine.

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed multiple physical therapy visits without sustained improvement and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The plan is for orthopedic consultation because of failure of conservative care, including physical therapy. This orthopedic consultation has been approved by UR decision. Given lack of improvement with prior physical therapy, the request for additional physical therapy sessions is denied. The request is not medically necessary.