

Case Number:	CM15-0232648		
Date Assigned:	12/08/2015	Date of Injury:	05/20/2015
Decision Date:	01/15/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/27/2015

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: Florida

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 48 year old female, who sustained an industrial injury on May 20, 2015. The injured worker was diagnosed as having left knee meniscus tear and left wrist strain. Treatment and diagnostic studies to date has included medication regimen and at least 5 sessions of physical therapy. In a progress note dated October 29, 2015 the treating physician reports complaints of injuries to the left wrist and the left knee. Examination performed on October 29, 2015 was revealing for tenderness to the medial joint line to the knee, tenderness to the ulnocarpal joint of the wrist, and wrist swelling. The progress note from October 29, 2015 did not include the injured worker's numeric pain level as rated on visual analog scale. The medical records provided noted at least 5 sessions of physical therapy was completed with a physical therapy note from May 28, 2015 noting "functional standing knee tests were not good, he had lower quadricep and knee pain with just minimal squat," "wrist range full, knee flexion lacks just 10 degrees in flexion non weight bear and shows full extension," "grip equal right to left 55 pounds," "tenderness to palpation of lateral inferior aspect of the knee," and "the wrist hurt middle dorsal aspect but range was full and resisting hurt that middle wrist." The treating physical therapist also noted a pain level of a 4 with a target of 1. On October 29, 2015 the treating physician requested 12 sessions of physical therapy to be completed twice weekly for 6 weeks for the left knee and left wrist to return function so that the injured worker "may potentially return to work. On November 12, 2015 the Utilization Review determined the request for 12 sessions of physical therapy to be completed twice weekly for 6 weeks for the left knee and left wrist to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy to be completed twice weekly for 6 weeks for the left knee and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Twelve physical therapy treatment sessions for the left knee and left wrist are being requested. MTUS guidelines recommend for myalgia and myositis 9-10 visits over 8 weeks. The number of sessions being requested here is in excess of those guidelines. Likewise, this request is not medically necessary.