

<b>Case Number:</b>	CM15-0242537		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31 year old female who sustained an industrial injury on 01-09-2015. She has reported injury to the right knee and left wrist. The diagnoses have included right knee pain, right knee internal derangement, pain in left wrist, and sprain of carpal joint of left wrist. Treatments have included medications, diagnostics, activity modification, bracing, injections, extracorporeal shockwave therapy, and physical therapy. Medications have included Tylenol with Codeine, Naproxen, Motrin, and Pepcid. A progress report from the treating physician, dated 11-02-2015, documented an evaluation with the injured worker. The injured worker reported pain in her left wrist and right knee; the pain is rated at an 8 out of 10 in intensity, which is the same as the last visit; the pain radiates to the left shoulder and right hip; and she takes Tylenol with Codeine and Naproxen, which she says is not helping. Objective findings included she is in no acute distress. She ambulates and moves around the exam room with the assistance of a cane. Exam of the left wrist revealed tenderness over the ulnar aspect. There was limited range of motion because of pain with some numbness. Exam of the right knee revealed tenderness medially and anteriorly. Range of motion was 0 to 120 degrees, and she had previously healed portals with mild effusion. The treatment plan has included the request for physical therapy 2 times a week for 6 weeks for the left wrist, and right knee. The original utilization review, dated 11-23-2015, non-certified the request for physical therapy 2 times a week for 6 weeks for the left wrist, right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xWk x 6Wks for the left wrist, right knee:** 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:** The current request is for PHYSICAL THERAPY 2XWK X 6WKS FOR THE LEFT WRIST, RIGHT KNEE. Treatments have included medications, diagnostics, activity modification, bracing, injections, extracorporeal shockwave therapy, and physical therapy. The patient may return to modified duty. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 11/02/15, the patient presents with pain in her left wrist and right knee. Examination the left wrist revealed tenderness over the ulnar aspect. There was limited range of motion with some numbness. Examination of the right knee revealed tenderness medially and anteriorly, and range of motion was 0 to 120 degrees. The treatment plan has included physical therapy 2 times a week for 6 weeks for the left wrist, right knee. Per report 05/12/15, "She has completed 11 sessions of physical therapy." There are no physical therapy reports, and the objective response to therapy is not clear. In any case, the patient has had 11 sessions of PT, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the requested additional 12 sessions, exceeds what is recommended by MTUS. Therefore, the requested physical therapy IS NOT medically necessary.