

<b>Case Number:</b>	CM14-0181537		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old female with a date of injury ranging between 6/15/09-5/1/14. The initial injury occurred when she fell off a dock. According to a progress report dated 11/12/14, the patient continued to have knee pain and has been waiting to be scheduled for orthopedic evaluation. She has not been undergoing any type of therapies recently. She underwent physical therapy for her low back and left knee in May 2014. Objective findings: spasm present in lumbar and thoracic paraspinal muscles, tenderness to palpation of paraspinal muscles, restricted lumbar range of motion, reduced sensation in bilateral feet, normal muscle strength in right and left knees. Diagnostic impression: lumbar sprain/strain, contusion of chest wall, acquired trigger finger, internal derangement of knee. The treatment to date includes medication management, activity modification, and physical therapy. A UR decision dated 10/3/14 denied the request for physical therapy. There is no discussion of the mechanism of injury of her left thumb, and she has had extensive treatment to her left knee in the past. As her original injury was 5 years ago, she should have been able to transition to a home exercise program of self-care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for left knee and left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter - Physical Therapy; Knee Chapter - Physical Therapy

**Decision rationale:** The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In the present case, this patient has had prior physical therapy treatment. However, it is unclear how many sessions she has previously completed. Guidelines support up to 9 visits over 8 weeks for trigger finger and 12 visits over 8 weeks for sprains and strains of the knee. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy 3 x 4 for left knee and left hand was not medically necessary.