

Case Number:	CM14-0213087		
Date Assigned:	12/30/2014	Date of Injury:	06/07/2013
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Preventive Medicine, Occupational 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:

Injured worker is a female with date of injury 6/7/2013. Per primary treating physician's progress report dated 10/14/2014, the injured worker reports that surgery was canceled due to low thyroid. Her pain is reported as 7/10 in the right hand, 4/10 in the left hand, 3/10 in the right knee and 7/10 in the left knee. The right hand pain is getting worse. The right knee is recovering nicely. On examination the right wrist continues to have volar wrist pain extending to mid palm area. The right wrist also started with increased pain at base of right thumb. There is no clicking or locking. Bilateral knees have anterior medial pain, left worse than right with crepitus. Diagnoses include pain in joint forearm, pain in joint lower leg, injury knee leg ankle/foot and other tenosynovitis hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to the bilateral knee and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section. Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Medical reports indicate that the injured worker had a cancelled surgery due to hypothyroidism. There is no indication that this request is for post-surgical therapy. As the injured worker has been provided therapy previously, additional information regarding the total amount of therapy provided and the efficacy of prior therapy would be necessary to establish medical necessity. The request for Physical therapy 2 times a week for 4 weeks to the bilateral knee and wrist is determined to not be medically necessary.