

<b>Case Number:</b>	CM15-0117525		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California  
 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 60 year old female, who sustained an industrial injury on September 19, 2012. The injured worker reported left knee pain. The injured worker was diagnosed as having status post left knee internal derangement and surgery, depression, chronic neck pain, chronic lumbago and right thumb tenosynovitis. Treatment to date has included injection, magnetic resonance imaging (MRI), surgery, acupuncture and topical and oral medication. A progress note dated May 19, 2015 provides the injured worker complains of neck, back, knee, right hand and thumb pain. She reports depression, difficulty sleeping and sexual dysfunction related to the injury and pain. Physical exam notes cervical, right thumb, lumbar, left buttock and left knee tenderness. Electromyogram was performed. The plan includes physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, six sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had received an unknown amount of therapy in the past. Results of the visits were not provided. There is no indication that additional exercise cannot be done at home. The request for the 6 sessions for PT is not medically necessary.