

<b>Case Number:</b>	CM15-0021867		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58-year-old female, who sustained an industrial injury on 5/8/13. She has reported bilateral knees left hand and wrist injuries. The diagnoses have included status post right knee arthroplasty, partial medial meniscectomy central and medial compartment synovectomy on 12/12/14. Treatment to date has included medications, diagnostics and physical therapy. Surgeries included right knee arthroplasty, partial medial meniscectomy central and medial compartment synovectomy on 12/12/14 and left wrist carpal tunnel release. Currently, the injured worker complains of right knee pain that was rated 6/10, left knee pain rated 4/10 and left hand and wrist pain rated 6/10. She stated that walking caused more pain and pushing and pulling anything caused more pain in the wrist. She also complained of numbness in the left hand. Physical exam of the right knee revealed no signs of infection, erythema or drainage. The exam was unchanged. The left hand had tenderness over the incision site of left hand. There were no documented sessions of physical therapy noted. Work status was temporary totally disabled. On 1/21/15 Utilization Review non-certified a request for Physical Therapy 2 times a week times 6 weeks, bilateral knees, left hand and left wrist, noting that it is unclear why the injured worker can't be directed to Home Exercise Program (HEP) at this time. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### 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 times 6 weeks, bilateral knees, left hand and left wrist:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16, 25. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. The documentation submitted for review indicates that the injured worker was diagnosed with right knee medial meniscus tear. I respectfully disagree with the UR physician. The request concordant with the guidelines and is medically necessary.