

<b>Case Number:</b>	CM15-0074321		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 54 year old male, who sustained an industrial injury on 10/29/13. He reported left knee and left wrist. The injured worker was diagnosed as having contusion of wrist, carpal tunnel syndrome, tenosynovitis of hand/wrist, enthesopathy of knee, lumbago and lumbar sprain. Treatment to date has included physical therapy and oral medications. Currently, the injured worker complains of popping and numbness to left wrist, tingling to fingers, popping to left knee, tightness to low back, pins and needles down right heel, stiffness and locking of left knee and aching pain of left knee. Physical exam noted tenderness over the medial and lateral joint lines and decreased range of motion of left knee and tenderness of lumbar paraspinous muscles and spinous processes, tenderness to sacroiliac joint and decreased range of motion of lumbar spine. Exam of left wrist revealed moderate to severe tenderness over the radial styloid and ulna styloid with moderate swelling over the wrist joint. The treatment plan included physical therapy, open (MRI) magnetic resonance imaging of left wrist, lumbar spine and left knee, left wrist brace and referral to neurology for upper extremity (EMG) Electromyogram.

### 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 the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain and weakness in his left wrist, lower back and left knee. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE. Work status is unknown. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater requested additional "physical therapy for the left knee to increase flexibility, range of motion, and strength." The utilization review letter on 03/19/15 indicates that the patient has had physical therapy in the past. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.