

Case Number:	CM15-0097392		
Date Assigned:	05/28/2015	Date of Injury:	05/08/2013
Decision Date:	08/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 5/08/13. Injury occurred when she was walking with a tray of lids, slipped and fell forward to her knees and left hand. The injured worker was status post left carpal tunnel release on 1/10/14, and right knee arthroscopy with partial medial meniscectomy, and central and medial compartment synovectomy on 12/12/14. Post-operative physical therapy for the left wrist and right knee had been attended with no documentation of benefit. Records indicated that 12 visits of physical therapy for the bilateral knees, left hand and left wrist had been found medically necessary on the IMR of 4/9/15. The 4/14/15 treating physician report cited bilateral knee and left hand and wrist pain. The left hand/wrist exam documented hypoesthesia in the medial nerve distribution with tenderness to palpation at the incision site. Right knee exam documented mild swelling, posteromedial joint line tenderness, and patella tenderness. Left knee exam documented medial and lateral patellofemoral tenderness, positive grind test, and negative McMurray's. There was bilateral 4+/5 quadriceps weakness. The diagnosis was left knee patellofemoral syndrome, status post left carpal tunnel release, status post right knee arthroscopic surgery, and bouts of depression and anxiety. The treatment plan included continued home exercise program, continued Mobic and Omeprazole, continued left hand/wrist desensitization, and visits to a psychologist. Authorization was requested for physical therapy for the bilateral knees, left hand and left wrist, 2 times weekly for 6 weeks. The 4/21/15 utilization review modified this request for 12 visits of physical therapy for the bilateral knees, left hand and left wrist, to 4 visits to allow for completion of a stabilizing/strengthening/range of motion program and provide instruction for a progressive home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy for the bilateral knees, left hand and left wrist 2 times weekly for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): Introduction, Physical Medicine, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome: Physical medicine treatment.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The Official Disability Guidelines support medical treatment for carpal tunnel syndrome limited to 1-3 visits and 3-8 visits for post-surgical treatment. The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This injured worker presents with a diagnosis of left knee patellofemoral syndrome, status post left carpal tunnel release, and status post right knee arthroscopic surgery. Records indicated that this injured worker had attended post-operative left hand and right knee therapy. He had recently been certified for 12 additional visits for the bilateral knees and left wrist/hand. There is no evidence that this treatment has been completed and that functional benefit has been achieved. There is no compelling rationale to support the medical necessity of additional supervised therapy over an independent home exercise program at the time. Therefore, this request is not medically necessary.