

Case Number:	CM14-0101884		
Date Assigned:	07/30/2014	Date of Injury:	03/02/2014
Decision Date:	09/26/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old female with a work injury dated that occurred after a trip and fall. The diagnoses include open Colles fractures, sprain of the shoulder, rotator cuff syndrome; sprain of the knee; chondromalacia patella. Under consideration is a request for additional Physical Therapy 2x4 for the left wrist and right knee. (06/13/2014 - 08/13/2014) There is a primary treating physician report dated 4/3/14 examination of the left shoulder reveals: normal contour. Tenderness to palpation is present (the subacromial region). periscapular region and biceps tendon. Impingement test and Cross Arm test are positive. Orthopedic testing was not performed on the left wrist. The range of left wrist motion was very limited. Examination of the right knee reveals tenderness around the per patellar region. Stress testing of the right knee is negative. The patellar grind is positive with patellofemoral crepitus. The range of motion is decreased on the right knee compared to the left. The plan is for 12 sessions of therapy for the right knee and left shoulder. Per 5/13/14 documentation she has completed 12 sessions of physical therapy (PT) with improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4 for the left wrist and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)-physical/occupational therapy.

Decision rationale: Additional Physical Therapy 2x4 for the left wrist and right knee is not medically necessary per the MTUS and the ODG guidelines. The ODG guidelines state that for a fracture of radius/ulna (forearm) up to 16 physical therapy visits are appropriate over 8 weeks. The documentation indicates that the patient has had 12 visits. The request for knee therapy exceeds the MTUS guideline recommendations of therapy for this condition. The request as written is not medically necessary.