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| <b>Case Number:</b>   | CM13-0016348 |                              |            |
| <b>Date Assigned:</b> | 11/06/2013   | <b>Date of Injury:</b>       | 12/05/2005 |
| <b>Decision Date:</b> | 01/22/2014   | <b>UR Denial Date:</b>       | 08/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 underlying date of injury in this case is 12/05/2005. Treating diagnoses include a contusion and hematoma of the knee with possible tear in the vastus meatus, status post total knee replacement, left S2 radiculopathy, right hip trochanteric bursitis due to overcompensation with the left knee, right shoulder strain with acromioclavicular impingement and a suspected supraspinatus tear by MRI of April 2010, hypertension, right ankle sprain due to buckling of the left knee, and left foot osteoarthritis. This patient received 12 sessions of physical therapy between January 2013 and March 2013. Subsequently the treating physician indicated that the patient would continue with a walking exercise program and a bicycling program. An initial physician review notes that this patient had a flare of symptoms found in the current request for additional therapy, although there was no documentation of specific fascial deficits or alternative rationale as to why additional supervised therapy would be indicated. Treating physician notes of 07/09/2013 indicated that the patient presented with left knee pain and swelling and occasional giveaway/weakness and intermittent pain to the right knee with a burning sensation as well as low back pain and stiffness. The treating physician recommended physical therapy to the lumbar spine and both knees and opined the patient was also a candidate for a selective nerve root block and a possible plasma-rich platelet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for physical therapy two (2) times a week for four (4) weeks to right shoulder and left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98-99, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The guidelines therefore anticipate that this patient would have transitioned by now to an independent home rehabilitation program. The medical records do not provide a rationale or indication as to why this patient instead would require additional supervised therapy at this time. This request is not medically necessary.