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| <b>Case Number:</b>   | CM13-0023947 |                              |            |
| <b>Date Assigned:</b> | 11/20/2013   | <b>Date of Injury:</b>       | 03/01/2010 |
| <b>Decision Date:</b> | 01/30/2014   | <b>UR Denial Date:</b>       | 08/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/13/2013 |

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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.

### 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 36-year-old female who reported a work related injury on 03/01/2010, specific mechanism of injury not stated. The clinical note dated 08/14/2013 reports the patient was seen under the care of [REDACTED] for continued bilateral pain complaints. The patient reports continued significant pain involving the left knee and pain medially about the left knee in the area of the pes anserine bursa. The patient is status post a Kenalog injection to the left knee as of 12/12/2012. MRI studies of the left knee dated 12/07/2012 were noted, however, not reviewed. The provider had recommended continued therapy for the bilateral knees. Upon physical exam of the left knee, it revealed well-healed arthroscopic portals, range of motion was 0 degrees to 120 degrees, and tenderness along the pes anserine bursa medially and medial border of the patellar tendon. The provider documented exam findings of the right knee revealed patellofemoral crepitation and positive grind testing. The provider recommended a Kenalog injection along the patient's pes anserine bursa in addition to physical therapy 2 times a week x4 weeks to work on the patient's range of motion and strengthening modalities secondary to persistent pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times four (4) weeks, bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The current request is not supported. The clinical notes document the patient continues to present with moderate complaints of bilateral knee pain status post a work related injury sustained in 03/2010. The patient is status post-surgical interventions to the left knee, most recently as of 01/2012. The clinical notes reviewed document the patient has utilized multiple supervised therapeutic interventions to the left knee x21 sessions and to the right knee x8 sessions. California MTUS indicates, "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." At this point in the patient's treatment, an independent home exercise program would be indicated for increased range of motion and motor strength. Given all of the above, the request for physical therapy two (2) times four (4) weeks, bilateral knees is neither medically necessary nor appropriate