

<b>Case Number:</b>	CM13-0025109		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 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 patient is a 47-year-old female who reported a work related injury on 10/28/2008. The patient underwent a right knee arthroscopy in 11/2011 where findings confirmed cartilage wear to the trochlear groove, patella, and medial femoral condyle. The patient attended physical therapy postoperatively throughout 2011 and 2012 for quad strengthening and range of motion. The patient has undergone viscosupplementation injections to the right knee. A request has been made for physical therapy 2 times a week for 6 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 for the Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

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

**Decision rationale:** Recent clinical documentation stated the patient complained of lower back pain which was worsening dramatically and left greater than right knee pain which was also "bad." The patient reported she tried to participate in therapy which then got discontinued

through Workers' Compensation. It was noted from her therapist's progress note that the patient could not tolerate too much land therapy due to her back pain and radicular symptoms. Physical exam revealed the patient was morbidly obese. Straight leg raise was positive to both lower extremities and decreased sensation was noted in the L5/S1 distribution in the left foot. Lower extremity strength was 5- bilateral iliopsoas, 5+ quad, hamstring, tibialis anterior gastroc. It was noted that the patient could not tolerate any formal land therapy. The patient would be referred for water therapy or aerobics therapy as she could not tolerate land therapy. California Chronic Pain Medical Treatment Guidelines indicate that 9 to 10 physical therapy visits are recommended over 8 weeks for myalgia and myositis. The request was made for 12 physical therapy visits. Furthermore, it was noted that the patient would not be able to tolerate any formal land therapy and her current complaints were for pain to left knee. As such, the decision for physical therapy 2 times 6 for the right knee is non-certified.