

<b>Case Number:</b>	CM13-0043132		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 71-year-old male with date of injury on 04/17/2000. The utilization review letter dated 10/14/2013 indicates the patient's current diagnoses include DJD of bilateral knees. It was noted the patient was status post bilateral total knee replacement in 2007 and 2008. The most recent progress for review by [REDACTED] on 10/02/2013 reported that the patient presented with bilateral knee pain. Physical examination of the bilateral knees revealed improved range of motion with physical therapy and there are minimal effusions with minimal tenderness. The patient was maintaining his mobility which is allowing him to function quite well. The utilization review letter indicated that the patient had undergone well over 24 physical therapy visits and the request for an additional 12 sessions of physical therapy was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy one (1) time a week for twelve (12) weeks:** 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).

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

**Decision rationale:** The patient appears to be status post bilateral knee replacement surgery as far back as 2007 and 2008. The progress reports from 01/08/2013 to 10/02/2013 were reviewed. The treating physician indicates that the patient continues to work on maintaining his range of motion in the bilateral knees. The progress report dated 10/02/2013 indicates that the range of motion have been fairly consistent over the last 6 months with left knee between 3 to 95 degrees, right knee 5 to 65 degrees. He requested an additional 12 sessions of physical therapy. MTUS Guidelines page 98 and 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. Up to 10 visits over 8 weeks is recommended for myalgia and myositis, unspecified. The records appear to indicate the patient has undergone quite extensive physical therapy and continue to do a home exercise program or otherwise continues with weekly sessions with the physical therapist. The requested 12 additional sessions of physical therapy does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.