

<b>Case Number:</b>	CM13-0046272		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio 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 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 injured worker is a 64-year-old female who reported an injury on 06/25/2012 due to a fall. Her diagnoses include left knee with mild joint effusion, signal changes in the medial and lateral menisci, right knee with mild joint effusion, and moderate joint space narrowing in the medial compartment. Her previous treatments include medications, physical therapy, acupuncture, and injections. In the documentation reviewed, the injured worker had at least 7 previous sessions of physical therapy which she reported was not helpful to reduce her pain. Within the clinical note dated 10/01/2013, the injured worker had complaints of pain to her bilateral knees and right ankle which the pain increased with walking. On physical examination of the right knee, the physician reported it revealed tenderness to palpation to the patellar tendon. It was noted that the injured worker had complaints of pain in her right ankle and bilateral knees, with a pain rating of 10/10. The physician reported the injured worker had not improved significantly over the past year, and recommends physical therapy to the bilateral knees and right ankle for a total of 12 sessions. He also recommended a referral to pain management to help correct and treat the reflex sympathetic dystrophy. The current request is for physical therapy, 12 sessions for the bilateral knees. The rationale for the request was not provided in the medical records. The Request for Authorization was provided on 10/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWELVE SESSIONS FOR THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for 12 sessions of physical therapy for the bilateral knees is not medically necessary. The California MTUS Chronic Pain Guidelines state physical medicine is recommended, as active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The treatment recommendations for myalgia and myositis is 9 to 10 visits over 8 weeks; and neuralgia, neuritis, and radiculitis is 8 to 10 visits over 4 weeks. The clinical documentation provided indicated the injured worker had continued to have complaints of bilateral knee pain since her injury on 06/25/2012 and reported the pain to be 10/10, and it increased with walking; however, there were no functional deficits noted on the physical examination. The documentation reviewed also indicated she had attended previous sessions of physical, however, functional gains made with the therapy were not provided. Therefore, due to the injured worker having previously completed physical therapy and there were no exceptional factors noted to support additional therapy, the request would not be supported. The request also exceeds the guidelines' recommendation of number of sessions. As such, the request for 12 sessions of physical therapy for the bilateral knees is not medically necessary.