

<b>Case Number:</b>	CM13-0050565		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas, Indiana, Michigan and Nebraska. 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 59-year-old female who reported an injury on 04/27/2011. The mechanism of injury was noted to be a fall. The patient was noted to have complaints of mild bilateral localized knee pain that was dull and aching. The patient rated the pain as a 3. The patient was noted to have been authorized previously for 24 sessions of physical therapy. The patient's diagnosis was noted to be joint pain in both knees and request was made for physical therapy to help with inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for three weeks for the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-ODG Knee & Leg

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

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue

injuries. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had previously been treated with 24 sessions of physical therapy and there was lack of documentation of the objective functional response to the prior therapy. There is lack of documentation of objective functional deficits to support ongoing therapy. Additionally, as the patient had been previously participated in 24 physical therapy sessions, the patient should be well versed in a home exercise program. Given the above, the request for physical therapy for the knees 2x3 is not medically necessary.