

<b>Case Number:</b>	CM13-0060190		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 69-year-old male who reported an injury on April 11, 2002. The mechanism of injury was the injured worker went to step over aft body removal cart (while carrying a collar), but he did not step high enough, lost his balance and fell, landing on his left knee. In the process, it was indicated the injured worker twisted his right knee. The documentation of October 30, 2013 revealed physical examination findings of pain elicited to palpation over the supraspinatus ligament at L5-S1. There was some muscle guarding with range of motion testing. The injured worker had decreased range of motion and had motor strength of 5/5, with 0-trace deep tendon reflexes bilaterally at the Achilles. Heel and toe walking were unremarkable, and the sensation to pinwheel test sharp and dull differentiation was normal in all lower extremities. The injured worker had genu varum present bilaterally, right greater than left, and pain elicited to palpation over the medial joint line bilaterally, left greater than right. The injured worker had 5/5 motor strength. The diagnoses included bilateral knee contusions, meniscal tear, status post arthroscopic surgeries bilateral knees, left on July 29, 2003 and right on April 13, 2004, lumbosacral myoligamentous sprain/strain, and discogenic low back pain mechanical. The request was made for supervised physical therapy 2 times a week for 4 weeks and viscosupplementation injections

### 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 A WEEK FOR FOUR (4) WEEKS TO BILATERAL KNEES AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had bilateral knee surgery and, as such, would have had postoperative physical therapy. There was a lack of documentation indicating the quantity of sessions the injured worker had utilized for his bilateral knees as well as his low back and the injured worker's response to the therapy. There was a lack of documented functional deficits. The injured worker should be well versed in a home exercise program as the injury was in 2002. Given the above, the request for physical therapy two (2) times a week for four (4) weeks to bilateral knees and lumbar spine is not medically necessary.