

<b>Case Number:</b>	CM13-0061746		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/10/2006
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior right knee total knee arthroplasty revision in August 2010; 36 sessions of postoperative physical therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 25, 2013, the claims administrator denied a request for eight additional sessions of physical therapy. The applicant's attorney subsequently appealed. The claims administrator's decision is somewhat difficult to follow and is not at all concise. However, the report does suggest that the applicant has eight sessions of physical therapy authorized on July 16, 2013. An earlier progress note of July 18, 2013 is notable for comments that the applicant continues to have knee pain. She is on BuTrans and Norco. She had difficulty tolerating Neurontin owing to side effects. She is also using Lidoderm patches. She is having difficulty wearing her brace. She reportedly had fall secondary to weakness. She is having depression and recently had cognitive behavioral therapy for the same. A well healed surgical incision line is noted. The applicant stands 5 feet 6 inches tall and weighs 150 pounds. Additional physical therapy and psychotherapy are sought. The applicant's permanent work restrictions are renewed. It does not appear that the applicant has returned to work with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the R knee-8 visits 2 times a week for 4 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The proposed eight sessions of treatment are compatible with 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine. In this case, the applicant does seemingly have significant deficits in terms of lower extremity weakness and gait derangement that do warrant an additional course of treatment on the order of that proposed. Contrary to what was suggested by the claims administrator, I have no evidence that the applicant in fact attended physical therapy at any point between July and November 2013, based on the documentation provided for review. Given the marked physical impairment described by the attending provider, a course of treatment on the order of that proposed is indicated and compatible with pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified as written.