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| <b>Case Number:</b>   | CM13-0063057 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/11/2011 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 11/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2013 |

### 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 Minnesota. 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 complained of an aching sensation to the right knee. The injured worker received corticosteroid injections which were not beneficial and tried Voltaren gel, which was not beneficial. The California MTUS Guidelines state that 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 alleviate discomfort. The Guidelines also note active therapy requires an internal effort by the individual to complete a specific exercise or task. The Guidelines note, for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There was a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Additionally, the request for 18 visits exceeds the Guidelines recommendations. Therefore, the request for Physical Therapy 3x6- 18 visits- right knee is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x6- 18 visits- right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain, Physical Therapy, 474

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

**Decision rationale:** The injured worker complained of an aching sensation to the right knee. The injured worker received corticosteroid injections which were not beneficial and tried Voltaren gel, which was not beneficial. The MTUS Chronic Pain Guidelines state that 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 alleviate discomfort. The Guidelines also note active therapy requires an internal effort by the individual to complete a specific exercise or task. The Guidelines note, for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There was a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Additionally, the request for 18 visits exceeds the MTUS Chronic Pain Guidelines recommendations. Therefore, the request is not medically necessary and appropriate.