

<b>Case Number:</b>	CM13-0071194		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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, 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 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 patient is an employee of [REDACTED] and has submitted a claim for pain in joint, lower leg associated with an industrial injury date of October 24, 2007. Treatment to date has included pain medications, pes anserine bursa injection and physical therapy. Medical records from 2013 were reviewed showing that patient has been complaining of bilateral knee pain graded 8-9/10 more on the right exacerbated by prolonged standing, twisting, walking and sitting. On physical examination, there was tenderness of the pes anserine bursa. Utilization review from December 05, 2013 denied the request for Physical Therapy 2x/week for 3 weeks of bilateral knees because there was no functional impairment in terms of range of motion or strength that will warrant additional sessions. Furthermore, there were no records provided regarding previous physical therapy to indicate the number of visits and objective response.

### 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 PER WEEK FOR THREE (3) WEEKS FOR THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114.

**Decision rationale:** The Pain, Suffering, And The Restoration of Function Chapter of the ACOEM Practice Guidelines stresses the importance of time-limited treatment plan with clearly defined functional goals. The California MTUS Chronic Pain Medical Treatment Guidelines state that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient previously attended physical therapy sessions. There was noted pain relief with therapy, however, she had more functional decline, hence, the rationale given for the extension of services is to transition the patient towards a home exercise program. However, there was no documentation provided to indicate the total number of visits previously completed, which is significant to determine the tapering of the frequency of visits. The medical necessity has not been established at this time, pending completion of documentation. The request for physical therapy for the bilateral knees, twice weekly for three weeks, is not medically necessary or appropriate.