

<b>Case Number:</b>	CM13-0072547		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 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:

Progress note dated 10/30/2013 documented the patient to have complaints of pain involving her left knee in the medial compartment as well as the area of the pes anserine bursa. She has received Kenalog injection most recently on 08/14/2013 to both the left knee joint as well as the point of maximal tenderness along the pes anserine bursa. She has not benefited from these injections. She continues to have stiffness, achiness and pain as well as associated locking of her bilateral knees. Objective findings on exam included findings that her left knee showed well-healed arthroscopic portals and range of motion is 0 to 120 degrees. There is tenderness along the pes anserine bursa medially and medial border of her patellar tendon. Examination of her right knee show patellofemoral crepitation, positive grind test and range of motion is 0 to 125 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS, BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This is a request for additional physical therapy for bilateral knees. The patient has had at least 29 prior physical therapy visits without clear improvement in pain or function. History and examination findings do not support additional physical therapy in excess of guideline recommendations. The patient should be transitioned to an active home exercise program. Therefore, additional physical therapy is non-certified.