

<b>Case Number:</b>	CM14-0108535		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/25/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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 52 year old female who was reportedly injured in a motor vehicle accident on 03/25/2001. The injured worker has had extensive physical therapy and chiropractic treatment. No subjective benefits or objective improvement documented from the physical therapy received. Exam shows slight effusion, diffuse anterior joint line tenderness; stable to ligamentous testing and range of motion 0/115 degrees bilaterally. A request was made for Physical Therapy Evaluation and Treatment 2-3 times 4 weeks for bilateral knee and was not certified in the pre-authorization process on 07/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Evaluation and Treatment 2-3 times 4 weeks for bilateral knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Page(s): 474.

**Decision rationale:** The injured worker was reportedly injured on 03/25/2001. The injured worker has had extensive physical therapy and chiropractic treatment. No subjective benefits or

objective improvement documented from the physical therapy received. A new request for therapy was submitted on 06/23/14. There are no recent examination notes that disclose abnormalities of the knees and no discussion of the need for therapy and why the claimant cannot progress to a home exercise program. The guidelines stipulate that time related functional goals based on the claimant's clinical status are needed. Since neither of these is present the request is not medically necessary.