MAXIMUS Federal Services

| Case Number: | CM14-0109746 | | |
|---|---|---|---|
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/25/2012 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

## 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 Orthopedic Surgery 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:

This 28 year old female housekeeper sustained an industrial injury on 8/25/12. The patient reported an immediate onset of left knee pain when her knee bent while carrying linens. The 6/4/14 Doctor's First Report cited intermittent grade 7/10 left knee pain that increased with walking or standing greater than 30 minutes. Objective findings documented range of motion 0-130 degrees, antalgic gait, medial joint line pain, equivocal McMurray's, negative drawer sign, and freely mobile patella. The diagnosis was left knee sprain/strain, pes anserine bursitis, and medial plica. The treatment plan included a cortisone injection and medications, Tramadol and Duexis. The patient was not capable of work. The 6/25/14 progress report cited grade 8/10 left knee pain, increased with walking greater than 30 minutes. Objective findings documented medial joint line pain and equivocal McMurray's. MRI was reported positive for plica. Additional Duexis was prescribed. A second cortisone injection was provided. The 8/25/14 utilization review denied the request for additional physiotherapy treatment as the patient had had physical therapy and chiropractic treatment without benefit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

Clinical Evidence: BMJ Publishing Group. LTD; London. England; www.clinicalevidence.com; Section: Musculoskeletal Disorders; Condition: Osteoarthritis of the Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The MTUS Chronic Pain Guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current functional assessment or functional treatment goal documented to be addressed by additional physical therapy. Current exam findings document functional range of motion. Strength is not reported. Prior therapy has been provided without benefit. There is no compelling reason to support the medical necessity of supervised physical therapy over an independent home program at this time. As such, the request is not medically necessary and appropriate.