

<b>Case Number:</b>	CM14-0012177		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/18/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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:

The applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work. A January 15, 2014 office visit was notable for comments that the applicant was status post multiple knee surgeries as well as earlier shoulder surgery, ultimately culminating in a knee replacement in December 2012. The applicant was reportedly unable to sleep on her knee, was using a cane for mobility purposes, and exhibited significantly limited knee range of motion with pain and swelling appreciated about the knee. A 24-session course of physical therapy was sought. The applicant's work status was not detailed. In an earlier note of December 3, 2013, the applicant's primary treating provider sought authorization for manipulation under anesthesia procedure. The applicant was placed off of work, on total temporary disability, and asked to employ Norco, tramadol, Flexeril, and several topical compounds for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSIOTHERAPY 3 TIMES A WEEK FOR 8 WEEKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Since the applicant seemingly never had the contested manipulation under anesthesia procedure in question, the MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The 24-session course of treatment proposed here represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. In this case, the applicant has had extensive amounts of physical therapy treatment over the life of the claim. There has been no demonstration of functional improvement which would support further treatment beyond the guideline as defined by the parameters established in MTUS 9792.20f. Specifically, the applicant is off of work, on total temporary disability, and remains highly reliant on various oral and topical medications, including Norco, tramadol, Flexeril, compounded drugs, etc. The applicant continues to use a cane to move about and is significantly constrained in terms of knee range of motion. All of the above, taken together, imply that earlier physical therapy for the knee has been unsuccessful. Therefore, the request for additional physical therapy is not medically necessary.