

<b>Case Number:</b>	CM14-0013632		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 patient is a 31-year-old male who has submitted a claim for bilateral knee strain and internal derangement associated with an industrial injury date of 10/19/2012. Medical records from 06/24/2013 to 12/20/2013 were reviewed and showed that patient complained of intermittent, moderate ache associated with repetitive standing, walking, bending, and popping upon bending. Physical examination revealed absence of bruising, edema and atrophy of both lower extremities. No tenderness was noted. McMurray's test was previously positive but not indicated in the more recent physical examinations. Treatment to date has included 14 completed visits of physical therapy, home exercise program, Naproxen 550mg #60, Protonix 20mg #60, Flexeril 7.5mg #60, and Sonata 10mg #30. Utilization review, dated 01/04/2014, denied the request for eight visits of physical therapy at two times a week for four weeks for the bilateral knees because the injury is already more than one year old and the records do not demonstrate objective improvement by the patient. The medical necessity for additional PT is not established. UR also denied the request for chiropractic care one time a week for four weeks for the bilateral knees because the case lacks support for medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines recommend 12 visits over 8 weeks for sprains and strains of knee/leg and ACL tear. In this case, the patient has already completed 14 visits of physical therapy with no evidence of objective improvement. It is unclear as to why additional supervised physical therapy sessions are needed. Therefore, the request for **ADDITIONAL PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR BILATERAL KNEES** is not medically necessary.

**CHIROPRACTIC ONE TIME A WEEK FOR FOUR 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 Manual Therapy & Manipulation Page(s): 57-58.

**Decision rationale:** According to pages 57-58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is widely used in the treatment of musculoskeletal pain. Manipulation such is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is not recommended for knee injuries. In this case, the patient's injury involves knee strain and internal derangement. There is no discussion concerning need for variance from the guidelines. Chiropractic care is not recommended for knee injuries. Therefore, the request for **CHIROPRACTIC TREATMENT ONE (1) TIME A WEEK FOR FOUR (4) WEEKS FOR BILATERAL KNEES** is not medically necessary.