

<b>Case Number:</b>	CM14-0131552		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 61-year-old gentleman who was reportedly injured on November 18, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 24, 2014, indicated that there were ongoing complaints of bilateral knees pains. The physical examination demonstrated tenderness at the medial and lateral joint lines of both knees as well as crepitus at the patellofemoral joint. Muscular atrophy was noted of the bilateral lower extremities. There were a mild effusion and decreased range of motion of both knees. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left and right knee surgery, physical therapy, steroid injections, and oral medications. A request was made for eight physical therapy sessions for the bilateral knees and was not certified in the pre-authorization process on August 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Physical Therapy Sessions Bilateral Knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations.

**Decision rationale:** A review of the medical record indicates that the injured employee has previously participated in postoperative physical therapy for both knees to include 12 visits for the right knee and a minimum of 10 visits for the left knee. The California Chronic Pain Disability Guidelines recommends 12 visits of postoperative physical therapy for the injured employee's knee condition. As such, this request for an additional eight visits of physical therapy for the bilateral knees is not medically necessary.