

<b>Case Number:</b>	CM14-0133716		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	09/24/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/04/2014
<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 and Rehabilitation 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 58 year-old patient sustained an injury on 9/24/11 while employed by [REDACTED]. Request(s) under consideration include PT X6 SESSIONS, BILATERAL KNEES. Diagnoses included pain in lower leg joint/ right knee meniscal tear/ s/p left knee arthroscopy/ mild bilateral patellar chondromalacia; and right shoulder rotator cuff rupture/ shoulder pain. The patient was previously made permanent and stationary for the knee with future medical provision for possible knee arthroscopy. Report of 7/21/14 from the provider noted the patient has not been seen since 12/10/12 almost 2 years prior. The patient stated she had been taking care of her mother for the past few years who passed away. The patient was interested in restarting therapy and treatment for her knees due to pain from patellar chondromalacia. The patient reported pain rated at 3-4/10; however, has not been taking medications. Prior to injury of 9/24/11, the patient had bilateral knee arthroscopies on 3/28/02, 4/11/02, left knee arthroscopy on 3/5/08; and right index finger surgery on 11/22/10. Exam noted lumbar lordosis was normal without spasm; non-tender with normal range of motion; lower extremities noted well-healed arthroscopic sites; normal range of motion in hips and knees bilaterally; bilateral patellar tenderness; no swelling present; crepitus on left knee; normal non-antalgic gait with symmetrical 1+ DTRs bilaterally; normal sensory and 5/5 motor strength in upper and lower extremities. The patient remained P&S. The patient wanted to defer medications. The request(s) for PT X6 SESSIONS, BILATERAL KNEES was denied on 8/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT X6 SESSIONS, BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 99, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Present complaints are continued chronic pain with unremarkable exam findings to include full knee range of motion without neurological deficits as motor strength and sensation were intact in bilateral lower extremities without clear internal derangement findings. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The PT x6 sessions, bilateral knees is not medically necessary and appropriate.