

<b>Case Number:</b>	CM14-0147304		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic knee pain and low back pain reportedly associated with an industrial injury of November 19, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; 20 sessions of physical therapy, per the claims administrator; and work restrictions. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In an August 5, 2014 progress note, the attending provider sought authorization for 12 sessions of physical therapy for the bilateral knees along with topical compounded medications. 1-7/10 multifocal pain complaints were reported. The applicant was not working, it was acknowledged that the applicant's case and care was complicated by comorbid diabetes. A rather proscriptive permanent 15-pound lifting limitation was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks for bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): page 99, page 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9-10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue reportedly present here. It is further noted that the applicant has, per the claims administrator, already had at least 20 sessions of physical therapy to date. The applicant has, however, failed to profit from the same. The applicant remains off of work. A rather proscriptive 15-pound lifting limitation remains in place. The applicant remains dependent on various forms of medical therapy, including topical compounded medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.