

<b>Case Number:</b>	CM14-0163952		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 knee, neck, and elbow pain reportedly associated with an industrial injury of October 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of massage therapy; and reported return to regular duty work as of February 4, 2014. In a Utilization Review Report dated September 11, 2014, the claims administrator partially approved a request for 24 sessions of physical therapy as 20 sessions of physical therapy. The claims administrator referenced progress notes of September 8, 2014 and September 4, 2014 in its report. In a progress note of August 12, 2014, the applicant reported ongoing complaints of right shoulder and right knee pain. The applicant stated that she was increasingly symptomatic. The applicant felt that her knee was going to give way. The applicant had MRI findings of the knee that showed patellofemoral osteoarthritis and osteonecrosis of the tibial plateau, it was stated. Diffuse tenderness was appreciated. Viscosupplementation injections were sought. It was stated that the applicant should complete all 12 of the previously authorized physical therapy treatments. The applicant was returned to regular duty work. In a physical therapy note dated August 28, 2014, the requesting therapist showed authorization for 8-24 additional physical therapy to include treatments such as heat, ice, electrical stimulation, range of motion, soft tissue mobilization, therapeutic exercise, strengthening, and mobilization purposes. An earlier note of July 14, 2014 did suggest that the applicant had multifocal complaints of neck, shoulder, and knee pain, 7/10. The applicant was returned to regular duty work. Eight sessions of physical therapy were sought. The remainder of the file was surveyed. The September 4, 2014 and September 8, 2014 progress notes seemingly made available to the claims administrator were not seemingly incorporated into the Independent Medical Review packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x a week for 8 weeks for a total of 24 visits, for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The 24-session course of physical therapy, in and of itself, 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 reportedly present here. No compelling case for treatment this far in excess of MTUS parameters was proffered by the attending provider. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to regular duty work, it has been suggested on several occasion, referenced above. It does not appear that the applicant has significant residual impairment which would require such a lengthy formal course of physical therapy as is being proposed here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities be employed "sparingly" during the chronic pain phase of a claim. The requesting therapist, however, seemingly sought authorization for a host of passive modalities, including TENS, electrical stimulation, heat and ice, etc. The request, as written, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.