

<b>Case Number:</b>	CM14-0169041		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/08/1998
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 67 year-old female who was injured on 6/8/98. The patient complained of right knee pain, left knee pain, and right hand pain due to driving for her job. On exam, she had decreased range of motion of both knees and scars from previous surgery. She had a swollen right knee. She was diagnosed with post-traumatic right knee arthritis. The patient had one hyalgan injection without relief. She also had physical therapy. Her medications included Mobic and capsaicin cream, which she was not using regularly. She had right knee arthroscopy on 1/12/01 with a partial lateral meniscectomy and chondroplasty of the intercondylar groove and removal of three loose bodies. The patient had an episode where her right knee gave out and she fell onto her left knee. The exam findings were unable to be read. A right knee x-ray revealed a distal femur condyle spur with normal x-ray of the right hip and the femur. Her medications included anti-inflammatories, narcotics, Tylenol, and Nortriptyline. The current request is for physical therapy twice a week for 3 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks for right knee QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee & Leg

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

**Decision rationale:** The request for physical therapy of the right knee is not medically necessary. There is not enough documentation to support medical necessity. The patient had improved knee symptoms, but then had an episode where the knee gave out resulting in pain. The rest of the progress note detailing exam findings was blurred as it was copied. It is difficult to say without objective findings if physical therapy would be beneficial. It is not clear if other treatment modalities were recommended and what the requesting physician is trying to treat. There was no clear diagnosis and the x-ray only revealed a knee spur. The patient has had physical therapy in the past without relief but it was unclear for which body region the physical therapy was prescribed. Therefore, the request is considered not medically necessary at this time.