

<b>Case Number:</b>	CM14-0170190		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with an injury date on 03/15/2006. Based on the 07/25/2014 handwritten progress report provided by the treating physician, the diagnoses are:1. Right patella subluxation, Chondromalacia2. DJDAccording to this report, the patient complains of "right knee pain and still having painful clicking and crepitus with going up and down the stairs and pushing. Cannot kneel or squat is as secondary pain." The MRI report of the right knee shows positive for patella chondromalacia and osteophytes. There were no other significant findings noted on this report. The utilization review denied the request for additional 8 physical therapy sessions for the right knee on 09/19/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/19/2014 to 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy twice a week for four weeks for the right knee:** Upheld

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

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

**Decision rationale:** According to the 07/25/2014 handwritten report, this patient presents with knee pain. The current request is for additional 8 physical therapy sessions for the right knee. MTUS guidelines pages 98-99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of records shows that the patient received 4 physical therapy sessions from 07/11/2014 to 07/18/2014 with improvement, pain when down from a 7/10 to 5/10. In this case, the treating physician requested an additional 8 visits which exceed what is allowed per MTUS. MTUS allows 8-10 sessions for this type of condition. Therefore, the request is not medically necessary.