

<b>Case Number:</b>	CM14-0173636		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Pain Management, 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:

This patient is a 71 year old male with an injury date of 12/29/09. Based on the 10/07/14 progress report by [REDACTED] this patient describes "catching and locking giving way of his left knee." Exam of the left knee shows "medial and lateral joint line tenderness." Diagnoses for this patient are:1. Left wrist carpal tunnel release.2. Left elbow lateral epicondylitis, status post release.3. Left knee osteoarthritis.The utilization review being challenged is dated 10/16/14. The request is for physical therapy two times a week for three weeks for the left knee and left ankle. The request was modified and certified to physical therapy times two for the left knee and left ankle, quantity: 2. The requesting provider is [REDACTED] and he has provided various reports from 6/26/14 to 10/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for three weeks for the left knee and left ankle:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

**Decision rationale:** This patient presents with left knee osteoarthritis with "medial and lateral joint line tenderness." He is also developing mechanical catching and locking, giving way. The treating physician requests physical therapy two times a week for three weeks for the left knee and left ankle. MTUS Physical Medicine guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. This patient is status post left wrist carpal tunnel release and left wrist flexor tenosynovectomy on 7/25/14. The 10/07/14 occupational medicine notes indicate 17 post-op therapy visits, specifically for the left wrist/elbow. However, a review of submitted documents does not indicate this patient has received any therapy for his left knee and left ankle. A short course of six sessions seems reasonable for this type of diagnosis. The request is medically necessary and appropriate.