

<b>Case Number:</b>	CM14-0020037		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 42 year old female who reported an injury on 05/11/2009 due to an unknown mechanism. The clinical note dated 12/17/2013 indicated diagnoses of exacerbated right knee pain, lumbar disc herniation with radiculopathy, multiple level cervical disc protrusion with radiculopathy, history of gastritis and history of depression/anxiety. The injured worker reported severe right knee pain with difficulty standing and walking on the right knee and difficulty using stairs more than average. On physical exam, the injured worker's gait was antalgic. There was significant tenderness noted over the lateral medial right knee joint with slight swelling and positive McMurray's test. The injured worker's past physical therapy sessions were not beneficial. The unofficial MRI study dated 04/2011 revealed synovial changes. The injured worker's medication regimen included Baclofen, Norco and Lidoderm patches. The request for authorization was submitted on 12/05/2013.

### 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 5 WEEKS FOR THE RIGHT KNEE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker participated in physical therapy sessions in the past that have not been beneficial. Clarification is needed whether physical therapy was for the right knee, and if so the functional response to physical therapy. In addition, there is a lack of examination findings such as injured worker's strength, flexibility or range of motion. Therefore, per the California Chronic Pain Medical Treatment Guidelines the request for physical therapy 2 times a week for 5 weeks for the right knee is not medically necessary.