

<b>Case Number:</b>	CM14-0020712		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

This is a 57-year-old male patient with a 9/26/08 date of injury. The mechanism of injury was not provided. The note, dated on 8/29/13, reported that the patient had two arthroscopies on his left knee, (dates were not specified). A 12/12/13 progress report indicated that on a 10/31/13 follow-up report, he had seen the patient three times on 06/22/10, 1/15/11 and 07/10/13 and noted that the patient never complained of any foot pain. A 1/22/14 progress report indicated that the patient had completed three viscosupplementation injections to the left knee, and had improvement of 4-6%. The patient noticed right knee compensatory pain due to gait derangement. He was also reported about right shoulder pain. Physical exam revealed tenderness over the patella on the right, with range of motion 0-110. He had difficulties with kneeling and squatting on the left knee. The patient reported that he was able to walk 30-45 minutes without stopping due to pain. Radiography (date was not specified) revealed narrowing of the joint lines medially and laterally and loss of 50% of articular surface. He was diagnosed with left knee traumatic osteoarthritis, right knee compensatory, lumbar spine discopathy, and status post shoulder repair. Treatment to date: medication management, injections, and physical therapy. There is documentation of a previous 2/11/14 adverse determination, because the patient was able to walk 30-45 minutes without stopping, and his range of motion was 0-110 degrees to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PHYSICAL THERAPY SESSIONS, 2 X WEEK FOR 4 WEEKS FOR BILATERAL KNEES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 99-100.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114); Page(s): 98-99.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient presented with pain in the right knee compensatory because of gait derangement. There was noted that the patient had two arthroscopies. However, dates of arthroscopies were not indicated. It is unclear if this is post-operative PT or regular PT. This patient has a 2008 date of injury, and it is unclear what type of response the patient had previously to physical therapy. The recent progress note indicated that the patient was able to walk 30-45 minutes without pain. It is not entirely clear why the patient is not able to participate in an independent home exercise program given his 2008 date of injury. Therefore, the request for twelve physical therapy sessions, 2 x a week for 4 weeks for bilateral knees was not medically necessary.