

<b>Case Number:</b>	CM14-0021641		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, 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 55 year old male with an injury date of 05/13/13. Based on the 01/16/14 progress report provided by [REDACTED] the patient complains of left side shoulder/arm, left elbow/forearm, left hand/wrist, left knee and lower back pain. The MRI of the left knee on 07/08/13 showed "very mild degenerative tearing of the free edge of the posterior horn of the medial meniscus as well as minimal fraying of the free edge of the body; partial thickness cartilage loss within the medial compartment of the knee with mild secondary degenerative changes; moderate sized knee effusion and small popliteal cyst with synovial thickening; old low grade sprain of the proximal medial collateral ligament without focal disruption." The diagnoses include the following: Lumbar spine disc bulges Left shoulder internal derangement Left elbow/forearm strain Left wrist/hand strain Left knee instability [REDACTED] [REDACTED] is requesting 12 sessions of physical therapy for the left knee. The utilization review determination being challenged is dated 02/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/09/13-03/27/14. Some of the progress reports are illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 12 Sessions, Left Knee:** Upheld

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

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

**Decision rationale:** This patient presents with left knee pain. The request is for 12 sessions of physical therapy for left knee. The According to the utilization review letter of denial on 02/10/14, "the nurse case manager summary indicates that the claimant has received 24 physical therapy treatments to date with 18 treatments occurring from 07/15/13 through 09/06/13." It would appear that the patient's most recent therapy was in the middle of 2013. Regarding therapy treatments, MTUS guidelines pages 98 and 99 recommends 9-10 visits for myalgia and myositis, and 8-10 visits for neuralgia, neuritis, and radiculitis, and 24 visits weeks for reflex sympathetic dystrophy. The review of the reports would indicate that the patient completed some 18 sessions of therapy 3-4 months prior to the current request. The treating physician does not explain why additional therapy is indicated. There is no documentation of a new injury, significant decline in function, or flare-up to warrant another course. The treating physician does not explain why the patient is not able to perform home exercises. Furthermore, the requested 12 sessions exceeds what is allowed per MTUS for this kind of condition. The request is not medically necessary.