

<b>Case Number:</b>	CM14-0025544		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/26/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 53-year-old male who reported an injury on 03/26/2001. The mechanism of injury was not provided for clinical review. The diagnoses included bilateral knee arthritis. Previous treatments included 42 sessions of physical therapy, medications, injections, and bracing. Within the clinical note dated 09/06/2013, it was reported the injured worker complained of bilateral knee pain. The injured worker reported having constant bilateral knee pain. The injured worker described the pain as a dull ache, and sharp at times. The injured worker had occasional episodes of locking and instability of the knee. Upon the physical examination, the provider noted the injured worker favored the right lower extremity, bilateral knees had mild varus deformity and crepitation. The provider indicated his bilateral knees had medial joint line tenderness, minimal to no parapatellar tenderness. The range of motion was noted to be 5 to 130 degrees. The provider requested the injured worker to continue conservative therapy, although rationale is not provided for clinical review. The Request for Authorization was submitted and dated on 09/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: AGGRESSIVE OUTPATIENT PHYSICAL THERAPY 2-3 X 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for retrospective aggressive outpatient physical therapy, 2 to 3 times a week for 12 weeks, is not medically necessary. The California MTUS Guideline state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency, plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, or decreased strength or flexibility. Additionally, the request for 24 to 36 sessions of physical therapy exceeds the guidelines' recommendations of 8 to 10 visits of physical therapy. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.