

<b>Case Number:</b>	CM14-0026269		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee arthroscopy; crutches; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated February 13, 2014, the claims administrator partially certified a request for eight sessions of physical therapy as six sessions of physical therapy, citing non-MTUS ODG Guidelines. On January 27, 2014, the applicant was described as having had aggravation of knee pain. The applicant had reportedly fallen. The applicant was asked to use a knee immobilizer and crutches. A knee corticosteroid injection was performed. The applicant was placed off of work, on total temporary disability. Additional physical therapy and Synvisc injections were sought. On February 5, 2014, the applicant was again placed off of work. The applicant was asked to employ stationary bicycle. On March 19, 2014, the applicant was described as not having improved despite a steroid injection and oral steroids. The applicant was again placed off of work. On September 24, 2013, it was stated that the applicant's employer was unable to accommodate her restrictions and that she would therefore remain off of work after a failed knee arthroscopy procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS ON THE RIGHT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE TOPIC; 9792.20F, Physical Medicine Page(s): 8; 99.

**Decision rationale:** While the eight-session course of treatment proposed as conformed to page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, which does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does note that there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has had prior unspecified amounts of physical therapy over the life of the claim. The applicant had failed to affect any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant remained off work. The applicant continued to use crutches. Significant physical impairment persisted. The applicant ultimately chose to undergo steroid injections and MR arthrography to search for further internal derangement. Additional physical therapy on the order that proposed was not indicated, given the applicant's failure to respond favorably to earlier treatment as defined by the functional improvement parameters defined in MTUS 9792.20f. Therefore, the request is not medically necessary.