

<b>Case Number:</b>	CM14-0031556		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Texas. 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 54 year old male whose date of injury is 09/15/2011. On this date he tripped and fell. The injured worker is status post left knee arthroscopy in April 2012 and right knee arthroscopic meniscectomy on 12/04/12. Follow up note dated 02/20/14 indicates that the injured worker complains of bilateral knee, right wrist, right shoulder and low back pain. Diagnoses are pain in joint shoulder, pain in joint hand, and pain in joint lower leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy Visits for Bilateral Knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for 12 physical therapy visits for bilateral knees is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response submitted for review. There is no current detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is excessive as California

Medical Treatment Utilization guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.