

<b>Case Number:</b>	CM14-0032730		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 New York and 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 66-year-old male who reported an injury on 07/16/2004. The mechanism of injury was not provided for clinical review. The diagnoses included osteoarthritis, ankylosis of the joint of the lower leg, and pain in the joint of the lower leg. Previous treatments include epidural steroid injection, medication, physical therapy, MRI, Functional Capacity Evaluation, and an electromyography. Within the clinical note dated on 01/20/2014, the injured worker complained of pain in the right knee with stiffness, weakness, and limited range of motion. He rated his pain 7/10 in severity. The injured worker reported walking aggravates pain. Upon the physical examination of the right knee, the provider indicated the injured worker to have anterior tenderness, stiffness, swelling, and locking as well as limited range of motion and limping with ambulation. The provider requested for physical therapy to regain joint mobilization and soft tissue mobilization to improve range of motion and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 visits 3 x 4 to the Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines note for neuralgia/myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker's decreased functional ability, decreased range of motion, and decreased strength or flexibility. The request submitted for 12 sessions of physical therapy exceeds the Guidelines recommendations of 8 to 10 visits. The request for physical therapy 12 visits 3 times a week for 4 weeks to the right knee is not medically necessary.