

<b>Case Number:</b>	CM14-0053403		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/28/1999
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 67-year-old female who sustained a work related injury on 4/28/1999 as a result of repetitive motions of bending, stooping, squatting, crouching and kneeling. The patient has a multi-year complaint of bilateral knee pain. She has a slowed antalgic gait and utilizes a cane for ambulation. On examination, she has tenderness in the bilateral knee with moderate swelling noted in the left knee. Range of motion is decreased secondary to pain. Motor exam revealed decreased strength in the bilateral lower extremities. It is noted that the patient has had multiple physical therapy visits since the time of her injury. However, she has experienced multiple falls and appears to respond to physical therapy improving her stability and strength. In addition, four additional weeks are requested to improve pain control and functional improvement with plan to transition to home exercise program. A plain radiograph of the right knee obtained on 1/7/2014 identifies osteoarthritic changes of the patellofemoral joint and medial compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy for the Right Knee, 2x/Week for 4/Weeks (8 Sessions):**

Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99.

**Decision rationale:** Physical Medicine (Therapy) in general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. With the stated goals of improving the patient's stability and strength, she should be given the opportunity. Per the ODG guidelines, nine visits of physical therapy over 8 weeks are authorized for arthritis. However, an abnormality of gait, which the patient has, allows for 16-52 visits over an 8 - 16 week period. The request is medically necessary to meet the intended goals and is therefore authorized.