

<b>Case Number:</b>	CM14-0061226		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/22/2004
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 claimant was injured on 02/22/04. Physical therapy for 12 visits for both knees is under review. On 02/05/14, her pain was intermittent throughout the day at 8/10 and the left knee was worse than the right. She had frequent spasms in the left knee and was using Flexeril for her symptoms. She reported numbness in the left knee occasionally. She was able to stand, walk, or sit for up to 15-20 minutes. Range of motion was 180 extension and 110 flexion bilaterally. She was prescribed Flexeril, naproxen, Protonix, and gabapentin. On 06/11/14, a provider's noted stated she was permanent and stationary in the past. She was seen for follow-up and complained of a flareup episode of her right knee at the end of April. Her pain was worse with movement. She reported spasms of the left knee intermittently throughout the day and sometimes had numbness in the right knee. Her pain increased when she stood longer than 30 minutes or walked longer than 15 minutes and she could lift approximately 15-20 pounds. She was working full-time. She reported sleep problems. She was overweight and in no acute distress. Her bilateral lower extremity ROM was 180 degrees of extension and flexion to 120. MRI of the left knee on 01/16/14 showed chondral degeneration of the medial femoral condyle and medial tibial plateau. There was chondral degeneration in the weightbearing surface of the lateral femoral condyle. The meniscus had superficial fraying of the posterior horn without a tear of the medial or lateral menisci. There was grade 3 chondromalacia of the trochlear groove and a mild joint effusion with mild synovitis and grade 3 chondromalacia in the lateral patellar facet with basilar degeneration of the medial patellar facet. There was internal derangement of both knees status post arthroscopic surgery on the right knee. She was status post Hyalgan injections 5 to the right knee and one cortisone injection to the left knee. PT was recommended for functional improvement and pain relief. She was advised to do intermittent sitting, standing, and walking as tolerated and use hot and cold modalities for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12 visits Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for 12 visits of PT for the knees for the claimant's chronic condition. The MTUS Chronic Pain Guidelines, p. 130 state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." It is not clear what benefit is anticipated from a course of PT due to the chronicity of her complaints. There is no clinical information that warrants an extensive program of supervised exercise. There is no evidence that the claimant is unable to complete her rehab with an independent HEP which she would be expected to be doing following her previous surgery and injections. The claimant's history of injury and treatment to date is unclear. The medical necessity of this therapy has not been clearly demonstrated. Therefore the request is not medically necessary.