

<b>Case Number:</b>	CM14-0072423		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/27/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on 27 April 2006. The mechanism of injury is listed as slipping off a step stool. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination of the left knee revealed mild soft tissue swelling and mild quadriceps atrophy. Range of motion was from 0 to 100 degrees. There was a positive McMurray's test and a positive patellar compression test as well as crepitus with range of motion. The physical examination the right knee also noted mild soft tissue swelling. Range of motion was from 0 to 130 degrees and there was also a positive McMurray's test, pain with patellar compression, and crepitus with range of motion. Diagnostic imaging studies of the right knee revealed mild medial compartment arthrosis and mild chondral softening of the medial patellar facet. There was also mild quadriceps tendon and patellar tendinosis. Previous treatment includes 12 sessions of physical therapy. A request had been made for an additional 12 visits of physical therapy for the knees and was not certified in the pre-authorization process on May 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 12 to bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Therapy, Updated August 25, 2014.

**Decision rationale:** The Official Disability Guidelines supports #12 visits of physical therapy over 8 weeks after a knee injury. The injured employee has already participated in 12 visits of physical therapy and another 12 visits have already been approved. This request for an additional 12 visits of physical therapy for the bilateral knees is not medically necessary.