

<b>Case Number:</b>	CM14-0079893		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old male with a work injury dated 11/12/10. The diagnoses include status post left knee arthroscopy with partial medial meniscectomy and chondroplasty of medial femoralcondyle on 7/20/11; status post right knee arthroscopy with partial medial and lateral meniscectomy, medial compartmentchondroplasty femoral condyle On 11/30/11; status post right TKR 11/30/12;chronic pain syndrome; right ankle pain; herniated disc left L3-4, L4-5.Under consideration is a request for physical therapy 2 X 4.There is a primary treating physician report dated 2/11/14 that states that the patient complains of bilateral knee and right ankle pain. On exam with the right knee flexion is 120 and extension is 0. On the left knee flexion is 130 and extension is 0. The left knee has popping IT band with flexion past 110 degrees, patella crepitation. The right ankle has good range of motion with no swelling. There is tenderness over the right ATFL. The impression is knee joint replacement, chondromalacia of the left knee, and ankle strain. A prior utilization review dated 6/19/14 states that the patient had 16 aqua therapy visits authorized in 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 X 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) - Online treatment guidelines for chronic pain (<<http://www.odg-twc.com/odgtwc/pain.htm>>).

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

**Decision rationale:** Physical therapy 2 X 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has already had 16 authorized aquatic therapy sessions in 2014. The recent documentation does not indicate why patient would need an additional 8 visits which would exceed the guideline recommendations of 10 visits for this condition. The request as written does not indicate which body part the physical therapy is requested for. The patient should be versed in a home exercise program. The request for physical therapy 2 X 4 is not medically necessary.