

<b>Case Number:</b>	CM14-0088460		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 59-year-old female with a date of injury of 09/16/2013. The listed diagnoses per [REDACTED] are: Right knee internal derangement, right knee contusion. The medical file provided for review includes 3 progress reports. The most recent progress report from 01/08/14, according to this report, the patient presents with frequent dull aching and throbbing pain in her right knee and he rates her pain on the visual analog scale as 7/10. Examination of the right knee revealed medial and lateral joint line tenderness to the right with a Positive Clarke's test and McMurray's test. There is visible swelling in the anterior and superior aspect of the patellar region of the knee. The range of motion was full and was decreased on the right with flexion. The Request is for physical therapy 2 times a week for 8 weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pages 98, 99 has the following: Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks Page(s): 98, 99.

**Decision rationale:** This patient presents with frequent dull aching and throbbing pain in her right knee. The provider is requesting physical therapy 2 times a week for 8 weeks. Physical therapy treatment report from 04/02/2014 indicates, the patient has received 6 sessions ending 10/09/2013. PT progress reports states the patient is feeling good with therapy. The patient has noted that she has seen more improvement with PT than with acupuncture. Recommendation was for patient to continue with treatment. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks In this case, review of the medical file indicates the patient recently received 6 physical therapy sessions. Most of the reports are handwritten and partially illegible. Reports do note the patient feels good with therapy and has noted less pain with treatment. In this case, the patient has received a recent course of 6 sessions and the requested 16 additional sessions would exceed what is recommended by MTUS, therefore is not medically necessary