

<b>Case Number:</b>	CM14-0088785		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/09/2014
<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 Physical Medicine & Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 06/19/2013 due to an unknown mechanism. Diagnoses were left knee degenerative joint disease, status post total knee arthroplasty, and right knee internal derangement. Past treatments reported were right knee injection, and 24 visits of physical therapy. Diagnostics were x-rays, CT scan, and whole body scan. Surgical history was left knee replacement 09/26/2013, and status post left knee arthroscopy and patellar resurfacing. Physical examination on 07/09/2014 revealed the injured worker continued to have bilateral knee pain, rated between a 9 and 10 on the VAS score. Examination of the knees revealed a well-healed surgical incision midline left knee. There was appreciable swelling over the medial and lateral joint line at the left knee. There was palpable tenderness over the tibial plateau, medial joint line, and lateral joint line, bilaterally. Range of motion flexion for the right was to 145 degrees, and 130 degrees to the left. Extension was to 0 degrees on the right, and -8 degrees on the left. There was noted pain with range of motion. The injured worker had a positive McMurray's on the right knee. There was lax anterior drawer but good endpoint on the right. The right knee was stable on varus and valgus stress. There was pain with varus and valgus stress of the knee, bilaterally. Lachman's test was negative on the right. Medications were hydrocodone/acetaminophen 5/325 mg, lisinopril/hydrochlorothiazide 20/25 mg, naproxen 550 mg, and omeprazole 20 mg. The treatment plan was for an MRI of the right knee, (and?) whole body scan. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines- knee and leg.

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

**Decision rationale:** The request for Physical therapy 2 times week for four weeks for left knee is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy 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. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. 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. The physical examination did not report that the injured worker was participating in a home based exercise program. It was not reported that the injured worker had functional improvement from the 24 visits of physical therapy. Therefore, the request for Physiotherapy 2 time a week for four weeks for left knee is not medically necessary.