

<b>Case Number:</b>	CM14-0091711		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 57 year-old female who reported an injury on 09/08/2013 due to the repetitive pushing and pulling of heavy pallets at work. Her diagnoses included right leg/knee sprain and right knee arthritis. Her past treatments included conservative care, 12 visits of physical therapy, as well as corticosteroid and euflexxa injections. Her diagnostic studies included an MRI of the right knee on 11/12/2013. On 02/24/2014, the injured worker complained of bilateral knee pain. The physical examination revealed symmetric range of motion of the bilateral knees with 5 degrees hyperextension and 130 degrees of flexion. There was also some patellofemoral crepitus bilaterally, and no effusion. Her medications included mobic and topical ointments. The treatment plan was for pain medication, physical therapy for the bilateral knees, two times a week for six weeks, as well as a follow-up on 09/28/2014 for radiographs of the knee. The rationale and authorization form for the request were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for six weeks for the bilateral knees:** Upheld

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

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

**Decision rationale:** The injured worker has a history of right knee pain associated with arthritis, but has recently developed bilateral knee pain. The injured worker has received conservative care to include 12 visits of physical therapy, corticosteroid and euflexxa injections. The California MTUS Guidelines state that up to 10 visits of physical therapy may be supported to promote functional gains for patients with unspecified myalgia and myositis. The injured worker was noted to have completed 12 sessions of physical therapy. However, there is no documentation within the submitted medical records reflecting the injured worker's functional improvement since the initiation of therapy. It was also noted that the injured worker was on a home exercise program, but no documentation was submitted to address whether she has had a lack of progress or exceptional factors to warrant additional supervised visits. In absence of details regarding previous treatment and progress with her home exercise program, the need for additional visits cannot be supported. In addition, the request was for 12 visits, in addition to her previous 12, exceeds the recommendations and there was no documentation of exceptional factors to warrant an exception to the guidelines. As such, the request for physical therapy twice a week for six weeks for the bilateral knees is not medically necessary and appropriate.