

<b>Case Number:</b>	CM14-0093797		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 New York and 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 58 year old female who sustained injuries to her right upper extremity and bilateral knees on 02/08/13 when she fell on to her right outstretched hand and landed on her left knee. Treatment to date included physical therapy and series of hyaluronic acid injections to the left knee. MRI of the left knee reportedly revealed severe medial compartment and lateral patellofemoral space osteoarthritis change; patellas sublimed laterally and there was severe lateral patellofemoral space narrowing; small subchondral cyst with underlying marked edema; moderate joint fusion; intrasubstance tear along the superior aspect of the medial collateral ligament; contusion within the posterior medial femoral condyle; severe medial compartment narrowing with edema within the medial femoral condyle and medial tibial plateau; medial meniscus extruded medially and bowed to the medial collateral ligament; medial/lateral femoral condylar spurring; articular college within the medial compartment essentially obliterated and severe narrowing of articular cartilage within the lateral compartment; severe narrowing of articular cartilage along the anterior aspect of the lateral femoral condyle with underlying edema; superior and inferior patellar spurring. The clinical note dated 05/27/14 reported that the injured worker was ambulating with a walker and subjectively stated that her pain in the knee has gotten worse along the popliteal area. A physical examination noted tenderness along the medial joint and mostly lateral joint; tenderness along the patella; decreased motion extension 180 degrees and flexion 90 degrees. She was recommended to go back for physiotherapy. The injured worker did not require any medications and a hinged knee brace was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ,99339,346,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG- Chronic Pain Medical treatment Guidleines support PTODG-Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Office visits.

**Decision rationale:** The previous request was denied on the basis that there was no clinical documentation of any specific objective functional deficits related to left knee representing significant objective decremented functioning change compared to her previous level of function. The injured worker currently at his/her permanent stationary level of function is not expected to demonstrate any significant objective functional improvements in the foreseeable future, regardless of treatments provided. There was no mention that a surgical intervention was performed. The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, the ODG recommends up to twelve visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant clinical information provided that would support the need to exceed ODG recommendations, either in frequency or duration of physical therapy visits. Given this, the request for referral to physiotherapy is not indicated as medically necessary.