

<b>Case Number:</b>	CM14-0096603		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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 56-year-old male with a date of injury of 08/22/2012. The listed diagnoses per [REDACTED] are: 1. Left knee medial meniscus tear. 2. Lumbar spine myofascial pain syndrome. 3. Lumbar spine HNP. 4. Morbid obesity. 5. Left knee DJD. 6. MDD/GAD. 7. Pain-related insomnia. 8. Sacroiliitis. 9. Obstructive sleep apnea. According to progress report 04/01/2014, the patient presents with continued stabbing, throbbing, tingling, burning, and numbing pain in the left knee. The patient reports radiation down left leg. Examination indicated height, weight, temperature, and pulse. There was no further examination noted. The provider is requesting physical therapy 2 times a week for 6 weeks for the left knee. Utilization review denied the request on 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 weeks for the left knee:** Upheld

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

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

**Decision rationale:** This patient presents with stabbing, throbbing, tingling, burning, and numbing left knee pain. The provider is requesting physical therapy 2 times a week for 6 weeks for the left knee. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes progress reports from 01/21/2014 through 05/05/2014. The provider in his 04/01/2014 progress report under treatment plan states "I am recommending a continued physiotherapy, per [REDACTED] 2 x 6." It is unclear how many physical therapy treatments the patient has received thus far. The provider does not provide a rationale for the continuation of physical therapy. In this case, the provider's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the provider does not discuss why the patient would not be able to transition into a self-directed home exercise program. Recommendation is for denial.