

<b>Case Number:</b>	CM14-0017511		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Family Practice 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:

58 years old male claimant sustained a cumulative work injury from 7/20/11 to 3/19/12 involving the neck, shoulders, knees and wrists. The claimant was diagnosed with bilateral shoulder strain, carpal tunnel, and lumbar disc disease with radiculopathy. An MRI of the knees in 2012 showed degenerative changes. The claimant underwent a right carpal tunnel release in August 2013. A progress note on 10/9/13 indicated the claimant had 7-8/10 pain. Both knees had a positive compression test and slightly reduced flexion. A subsequent request was made in January 2014 for 12 sessions of physical therapy for the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 sessions for the bilateral knees, twice per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits: -Myalgia and myositis, unspecified: 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeksIn this case, there was no recent exam after the October 2013 exam indicating necessity of physical therapy. The claimant had limited deficits in the knees. There was no indication that therapy cannot be transitioned to a home-based exercise program. The amount of visits requested exceeds the amount recommended by the guidelines. Therefore, the request for Physical therapy, 12 sessions for the bilateral knees, twice per week for 6 weeks is not medically necessary and appropriate.