

<b>Case Number:</b>	CM14-0189851		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/19/1999
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

63 yr. old female claimant sustained a work injury on 8/19/99 involving the knees and neck. She had undergone arthroscopy of the knees was diagnosed with arthritis of the knees. She had undergone knee injections from 2012-2014. She had undergone acupuncture, myofascial release, infrared heat and herbal pain patches. A progress note on 11/6/14 indicated the claimant had 8/10 pain. She had been on NSAIDs and Opioids. Exam findings were notable for tenderness in the anterior, lateral and medial aspect of the knee. Range of motion was reduced on the right and preserved on the left knee. The physician requested 16 sessions of physical therapy for the knees for quadriceps strengthening. The claimant had undergone unknown amounts of therapy in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(18) Physical Therapy sessions for the knees bilaterally at Universal Pain Management:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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) Knee complaints

**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 According to the ODG guidelines, 8 weeks of therapy is recommended for medical management of arthritis of the knee and 1 visit after an injection. In this case, the claimant had undergone numerous amounts of therapy and manual medicine. The request for physical therapy as above is above the limits recommended by the guidelines and is not medically necessary.