

<b>Case Number:</b>	CM14-0194897		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and Rehabilitation and Spinal Cord Injury and is licensed to practice in New York. 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 72-year-old female with a date of injury of 10/20/2013. Her mechanism of injury was a fall. Her relevant diagnoses included contusion of knee, and knee pain. Her past treatment included approximately 30 visits of physical therapy. Her diagnostic studies included x-rays of the right and left knee which were performed on an unspecified date and indicated mild degenerative joint disease. She had no pertinent surgical history included. The clinical note of 10/15/2014 indicated the injured worker had complaints of intermittent, moderate, dull, and aching pain in the bilateral knees. Upon physical examination, the injured worker had crepitus, tenderness, effusion in both knees, and tenderness over the medial joint line of both knees. Extension was 160 degrees and flexion was 100 degrees to the bilateral knees. Her medications included Ibuprofen with no dose or strength instructions included. The physician's treatment plan included x-rays, MRIs of the knee, and referral to an orthopedist. The rationale for the request was to evaluate and treat left and right knee pain. The Request for Authorization form was signed and dated 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight physical therapy sessions for the right knee as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for eight physical therapy sessions for the right knee as an outpatient is not medically necessary. The injured worker fell and injured both right and left knees. The California MTUS Guidelines state that a maximum of 9 to 10 visits of physical therapy may be supported for unspecified myalgia to promote functional gains and provide instruction in a home exercise program. The injured worker was shown to have range of motion deficits in the bilateral knees. However, she had already participated in over 30 physical medicine visits and there was no documentation to support significant objective functional improvement with the previous treatment. Therefore, despite current functional deficits, in the absence of documentation showing objective functional improvement with previous physical therapy and exceptional factors to warrant additional visits over participation in a home exercise program, the request is not supported by the guidelines. Therefore, the request for eight physical therapy sessions for the right knee as an outpatient is not medically necessary.