

<b>Case Number:</b>	CM14-0198742		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Internal Medicine 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 injured worker is a 70-year-old man with a date of injury of July 1, 2012. The mechanism of injury was not documented in the medical record. The current diagnoses are lumbar disc syndrome; right knee sprain/strain; right shoulder rotator cuff syndrome; left shoulder rotator cuff syndrome; right knee meniscal tear; Grade I anterolisthesis; cervical spine stenosis; and anterolisthesis of C3 over C4. Pursuant to the progress note dated August 18, 2014, the injured worker was attending physical therapy (PT) 3 times a week, and there was no change in his pain complaints. It is unclear as to how many PT sessions the injured worker had completed at that time. Documentation indicates that the injured worker was receiving PT to the bilateral knees to improve strength and mobility 2 days a week for 4 weeks. There was no documentation of objective physical improvement associated with the current PT. According to the injured worker, there was weakness in the right lower extremity. The injured worker also complains of elbow pain, lumbar pain, thoracic pain, neck pain, and right knee pain rated 5/10. Physical examination noted gait was guarded and there was a normal posture identified. Tenderness to palpation (TTP) of the cervical spine is reported with slight decreased range of motion (ROM) is noted. TTP of the lumbar spine is also identified with a decreased ROM. There was no physical examination of the knees documented by the treating physician. Multiple medications were dispensed. The current request is for 8 PT sessions to the right knee, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Section, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), eight physical therapy sessions to the right knee, as an outpatient are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The guidelines enumerate the specific frequency and duration respect to specific disease states. In this case, the injured worker's diagnoses are lumbar disc syndrome; right knee sprain/strain; right shoulder rotator cuff syndrome; left shoulder rotator cuff syndrome; right knee meniscal tear; grade 1 anterolisthesis; cervical spine stenosis; and anterolisthesis C3 over C4. The documentation from an August 18, 2014 progress note indicates the injured worker is undergoing physical therapy two times per week for four weeks. Furthermore, the documentation indicates the patient is not receiving any clinical benefit from physical therapy (region is not addressed). Additionally, the documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, this request is not medically necessary.