

<b>Case Number:</b>	CM14-0198972		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/31/2014
<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 Orthopedic Surgery, 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 38 year old female who sustained a work related injury September 2, 2010. Past history includes meniscectomy, left knee (unspecified date). According to a physical therapy report, dated October 8, 2014, the injured worker is on visit number 7 and is rating left knee pain 2/10 with no new complaints. Knee extensions performed 3 x 10 40 pounds, trampoline weight shifting for 2 minutes, single leg step up on stool holding rail, marching on dynadisc, and wobble board for 2 minutes. Electrical stimulation and infrared was performed to the left knee for 10 minutes each and tolerated well. A primary treating physician's progress report dated October 15, 2014 finds the injured worker presenting for a follow-up examination of her bilateral knees. She complains of stiffness, aching, and swelling that comes and goes with right hip pain rated as 3/10. On examination, the physician documents she remains symptomatic with locking, stiffness, and swelling to the bilateral knees. He notes that physical therapy is helping but causing discomfort as well. X-rays were taken of the bilateral knees (three views) and bilateral tibia (two views) and show no increase of osteoarthritis (x-ray reports not present in case file). Diagnoses; chondromalacia of patella and pain in joint, lower leg (neither or both specified). Treatment plan included a request for an additional 12 sessions of physical therapy and home exercise program for self-management, urine toxicology screening, and a prescription for Norco. Work status is documented as return to modified work on 10/16/2014, with restrictions to include no prolonged standing/walking, no bending; stooping, climbing and other permanent restriction do not allow return to her job. According to utilization review performed October 31, 2014, medical necessity for additional supervised therapy sessions for the left knee is not apparent. The injured worker received post-surgical physical medicine approximately three and a half years ago and should be transitioned to a self-directed active home exercise program.

Citing MTUS ACOEM Knee Complaints, an additional 12 sessions of physical therapy, left knee, is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve additional sessions of Physical Therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Knee Pain Chapter

**Decision rationale:** The medical records indicate that the patient has chronic knee pain. The medical records also indicate that the patient has had multiple attempts a previous physical therapy. There is not documentation of significant functional improvement with previous attempt at physical therapy. It is unclear exactly how much physical therapy the patient has completed for knee pain. Therefore, additional Physical Therapy is not medically necessary.