

<b>Case Number:</b>	CM14-0201267		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/28/1983
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Pain 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:

This is a 62 year old male who sustained a work related injury on 10/28/1983. He is status-post right total knee replacement (TKR) in 2011 and left TKR in 2004. Per the Primary Treating Physician's Progress Report dated 11/25/2014, the injured worker reported ongoing bilateral knee and lower leg pain. The pain is described as aching, throbbing and sharp. The pain is rated as 9 out of 10 on a 0-10 scale. He also reports tingling, swelling, headaches locking and weakness. Physical Examination revealed moderate effusion of both knees, trigger points palpated in the quadratus lumborum, bilaterally IT band. Left knee flexion is 80 degrees, extension 0 degrees, and right knee flexion is 90 degrees with +10 degree extension. Gait is antalgic on the left. Diagnoses included Pes Anserinus bursitis, abnormality of gait, and localized osteoarthritis of lower leg. He received a cortisone injection. The plan of care included medications. Work Status is medically disabled. He has received six visits of physical therapy between 10/20/2014 and 11/25/2014. On 11/26/2014, Utilization Review modified a prescription for Physical Therapy two times a week for five weeks (10 visits), in treatment of the bilateral knees based on guideline recommendations for the maximum recommended number of sessions. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for five weeks, in treatment of the bilateral knees**  
**Quantity: 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.