

<b>Case Number:</b>	CM14-0214137		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 62 year-old female who injured her bilateral knees on 1/29/10 when she fell from a platform landing on her left side. She complained of shooting right knee pain and swelling of her left knee. On exam, she had tenderness. She was diagnosed with bilateral knee osteoarthritis. She had bilateral total knee arthroplasty. X-rays showed knee implants in good position and no loosening. She had 12 physical therapy sessions postoperatively and 7 home physical therapy sessions were approved. Her medications included Percocet and Prilosec. The current request is for 12 physical therapy sessions for bilateral knees which was denied by utilization review on 12/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the bilateral knees:** Upheld

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

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

**Decision rationale:** The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past. Her functional improvement and improvement in pain have not been documented. The patient continues with pain medications without decreasing dosage so it appears that the physical therapy has not provided any relief. It was noted that the patient required a prolonged period of physical therapy for her left knee before she improved. However, this is an inadequate reason to continue supervised physical therapy for the right knee. At this point, the patient should be well-versed in a home exercise program. Therefore, the request is considered not medically necessary.