

<b>Case Number:</b>	CM15-0006073		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 60 female, who sustained an industrial injury, May 17, 2009. The injured worker's chief complaint was low back and bilateral knee pain with bending, lifting and walking for a long time. The injured worker was diagnosed with right internal knee derangement, lumbar spine disc bulge, left knee pain, status post right and left knee surgeries. The injured worker had supportive treatment of acupuncture, 12 physical therapy, 6 aqua therapy, cane, Synvisc injections right knee, bilateral knee Synvisc injections, right a knee arthroplasty, Left knee surgery February 8, 2012, laboratory studies, pain medication, L4-L5 transforaminal epidural injection, TENS (transcutaneous electrical nerve stimulator) unit, Ibuprofen, On November 24, 2014, the treating physician requested physical therapy for the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the bilateral knees:** 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), Physical Therapy

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

**Decision rationale:** Based on the 11/18/14 progress report provided by treating physician, the patient presents with low back and bilateral knee pain. The request is for PHYSICAL THERAPY FOR THE BILATERAL KNEES. The patient is status post left knee surgery 02/08/12, and right knee arthroplasty, date unspecified. Patient's diagnosis included right internal knee derangement, and lumbar spine disc bulge. The patient had supportive treatment of acupuncture, 12 physical therapy, 6 aqua therapy, cane, bilateral knee Synvisc injections, pain medication, L4-L5 transforaminal epidural injection, TENS (transcutaneous electrical nerve stimulator) unit, and Ibuprofen. Physical therapy note dated 06/09/14 showed first visit was attended. Per progress report dated 11/18/14, treater is requesting Aquatherapy 1x6 weeks. Work status not available. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given patient's diagnosis, a short course of physical therapy would be indicated. However, patient has already had physical and aquatic therapies. There is no documentation of functional improvement provided from prior sessions, nor discussion of significant change in symptoms to warrant additional physical therapy. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request does not specify number of sessions, nor whether it is for land-based or aquatic therapy. Therefore, the request IS NOT medically necessary.