

<b>Case Number:</b>	CM15-0007760		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 is a 50 year old female, who sustained an industrial injury on 3/10/2013. The current diagnoses are left knee chondromalacia, left knee osteoarthritis, and medial and lateral meniscal tears. Currently, the injured worker complains of ongoing left knee pain and occasional low back pain. Treatment to date has included 18 physical therapy sessions. The treating physician is requesting additional physical therapy three times a week for four weeks for the left knee, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for additional physical therapy three times a week for four weeks for the left knee. The physical therapy was modified to 4 sessions. The California MTUS Chronic Pain and 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 three times a week for four weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/27/14)

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

**Decision rationale:** The patient presents with pain and weakness in her left knee. The request is for 12 SESSIONS OF PHYSICAL THERAPY. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the utilization review letter on 12/30/14 states that the patient has had 18 sessions of physical therapy visits to date. None of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with 18 already received would exceed what is recommended per MTUS guidelines. Furthermore, the utilization review letter modified the request of 12 sessions to #4. The requested 12 sessions of physical therapy IS NOT medically necessary.