

<b>Case Number:</b>	CM15-0008463		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Internal Medicine

### 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 male who sustained an industrial injury on March 10, 2010. He has reported neck pain, mid and lower back pain, right shoulder pain, and bilateral knee pain. The diagnoses have included Patellar tendinitis, osteoarthritis of the knees, Derangement of meniscus, Chondromalacia of patella, and knee pain. Treatment to date has included physical therapy, injection of the knees, chiropractic, and bilateral arthroscopic knee surgeries. Currently, the injured worker complains of continued bilateral knee pain. The treating physician is requesting physical therapy including muscle stimulation, exercise therapy, neuromuscular reeducation, and range of motion for the bilateral knees three times a week for eight weeks. On December 17, 2014, Utilization Review partially certified the request for physical therapy services with an adjustment to two times a week for four weeks. The MTUS was cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to include muscle stimulation, exercises therapy, neuromuscular reeducation and ROM for the bilateral knees QTY: 24: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy; Physical Medicine; Aquatic Therapy Page(s): 98 - 99; 46-47; 22. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee and Leg Procedure Summary last updated 10/27/2014, Interferential Current Therapy (IFC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Medical records document that the patient is status post right knee arthroscopy on 04/17/97 and underwent post-operative physical therapy. The patient underwent arthroscopic surgery of the left knee on 12/04/98 and post-operative physical therapy. On 04/13/09, the claimant sustained another injury to the left knee and underwent surgery on 05/26/09 and post-operative physical therapy. The patient has bilateral knee pain. Physical therapy for the bilateral knees three times a week for eight weeks (24) was requested. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 24 physical therapy PT visits for bilateral knees exceeds MTUS and ODG guidelines. Therefore, the request for 24 physical therapy visits is not medically necessary.