

<b>Case Number:</b>	CM15-0103200		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	04/15/2001
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: 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 61 year old female, who sustained an industrial injury on April 15, 2001. She reported bilateral knee pain due to repetitive kneeling and crawling. The injured worker was diagnosed as having bilateral knee osteoarthritis. She is status post left and right knee arthroscopic patelloplasties with open tubercle elevation procedures in 2002 and 2004, and status post removal of left knee hardware, debridement, and skin grafting due to post-op infection at the tibial plateau. Diagnostic studies to date have included MRIs. Treatment to date has included knee injections, warm soaks, a home exercise program, physical therapy, and medications including pain and anti-epilepsy. On May 5, 2015, the injured worker complains of bilateral knee pain with sudden sharp pain of the right medial knee. The physical exam revealed pes bursitis, bilateral range of motion 0-120, central patellar tracking with mild to moderate crepitus, no instability, neutral alignment, and minimal effusion with swelling directly over the pes insertion with very acute pain. X-rays revealed limited melorheostosis of the proximal tibias with minimal narrowing of the joint space medial, lateral, and anterior but marginal osteophytes in all three compartments. The patellae are relatively central with 1-2mm lateral placement. She is medically retired. The request is for 12 sessions of physical therapy evaluation and treatment of 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 evaluation and treatment of the bilateral knees for twice per week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines physical medicine.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended as a part of a treatment plan; however, the number of authorized treatment sessions is dependent on condition. The specific MTUS physical medicine guidelines are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the medical records indicate that the patient has already participated in a physical therapy program. There is a note dated August 28, 2012 indicating that the patient has participated in physical therapy for her knee injuries. However, the records do not indicate the number of sessions completed or whether the patient received instruction towards a self-directed home exercise program. Given the lack of documentation on prior physical therapy sessions and the outcome of these sessions (pain reduction and functional improvement), additional sessions of physical therapy cannot be authorized. For these reasons, a physical therapy evaluation and treatment of the bilateral knees for twice a week for three weeks is not medically necessary.