

<b>Case Number:</b>	CM15-0130488		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/26/2005
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69 year old female, who sustained an industrial injury on July 26, 2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having primary localized osteoarthritis of the lower leg. Treatment and diagnostic studies to date has included status post bilateral knee replacements and x-rays of the bilateral knees. In a progress note dated May 05, 2015 the treating physician reports complaints of aching pain and weakness to the bilateral knees. Examination reveals minimal tenderness to the peri-patellar region, difficulty arising from a chair secondary to weakness, and absent reflexes to the knee on the operative side. The medical records provided did not contain documentation on prior physical therapy. The treating physician requested physical therapy three times per week for four weeks to the bilateral knees for range of motion and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 4 weeks to the bilateral knees:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for bilateral knee pain. When seen, she had undergone bilateral total knee replacements several years before. There was full range of motion and strength and minimal tenderness. X-rays showed expected post-operative findings. Physical therapy for range of motion and strengthening was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and the therapeutic content being requested is for range of motion and strengthening which are already normal. The request is not medically necessary.