

<b>Case Number:</b>	CM15-0133353		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 (IW) is a 55-year-old female who sustained an industrial injury on 05/01/2006. Diagnoses include status post arthroscopy, partial meniscectomy, internal derangement of the knee and chronic pain syndrome. Treatment to date has included medications and activity modification. According to the PR2 dated 6/9/15, the IW reported severe upper extremity pain and knee pain. On examination, there was grip loss, positive Tinel's and Phalen's signs and paresthesias. Another exam, on 3/10/15, noted antalgic gait, knee flexion 90 degrees, patellofemoral effusion and quadriceps weakness. A request was made for physical therapy twice weekly for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 injury occurring in May 2006. She underwent arthroscopic meniscectomy. When seen, she was having severe knee pain. Physical examination findings included weakness with decreased grip and positive Tinel's and Phalen's testing. Medications were prescribed. She was referred for physical therapy. Repeat EMG/NCS testing was requested. EMG/NCS testing in 2010 had been negative. The claimant is being treated for chronic pain with no new injury and she has had symptoms of carpal tunnel syndrome previously with negative electrodiagnostic testing. 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 or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.