

<b>Case Number:</b>	CM15-0134095		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/21/1998
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/05/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on July 21, 1998. She reported pain to the bilateral knees, low back and right hip. The injured worker was diagnosed as having radiculitis and left knee degenerative joint disease. Treatment to date has included surgery, medications, and S1 injection. The injection was reported to work well, with 70% improvement, but the pain returned with activities. She reported none of her narcotic medications to have helped with the pain. On June 22, 2015, the injured worker complained of chronic and severe low back pain along with leg pain. Physical examination revealed positive straight leg raise bilaterally. The treatment plan included medication and caudal epidural steroid injection. On July 12, 2015, Utilization Review non-certified the request for physical therapy two times a week for six weeks for the bilateral knees, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Bilateral Knees, 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has completed an unknown number of physical therapy sessions related to the bilateral knees and is reasonable that she is capable of participating in a home-based, self-directed exercise program. Additionally, this request for 12 sessions is in excess of the recommendations of the established guidelines. The request for physical therapy, bilateral knees, 2 times a week for 6 weeks is determined to not be medically necessary.