

<b>Case Number:</b>	CM15-0134748		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
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 56-year-old female who sustained a work related injury February 10, 2011. Past history included left knee arthroscopic surgery July 2014 and arthroscopic surgery right knee, September 2014. An MRI of the right knee, August 2011, shows a meniscus tear. An MRI of the cervical spine, March 2013, shows a disc herniation at the C5-6 level. An MRI of the lumbar spine March 2013 shows a disc herniation at the L5-S1 level. An MRI of the left knee, March 2013, shows an oblique tear of the posterior horn of the medial meniscus. An MRI of the right shoulder, May 2013, shows a partial thickness tear of the rotator cuff. According to a primary treating physician's progress report, dated June 4, 2015, the injured worker presented for a follow-up evaluation of her bilateral knees and for the next series of Supartz injections. There is moderate pain and stiffness present in the bilateral knees. She walks with a bilateral antalgic gait and there is global tenderness to both knees. X-rays were taken of the bilateral knees (three views) and bilateral tibia (one view) and show no increase of osteoarthritis. Diagnoses are osteoarthritis unspecified; pain in joint, lower leg. Treatment plan included administration of her fifth out of five, Supartz injection, using ultrasound guidance to the bilateral knees, and at issue, a request for authorization of physical therapy to the right and left knee and an interferential unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left knee, three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left knee three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis, unspecified whether generalized for localized lower leg; and pain in joint lower leg. Date of injury is February 10, 2011. The request for authorization is June 11, 2015. The injured worker is status post right knee arthroscopy May 9, 2014. The injured worker status post left knee arthroscopy August 8, 2014. According to the utilization review, the injured worker received eight sessions of postoperative physical therapy. According to a June 4, 2015 progress note, the subjective section indicates the injured worker is presenting for the next series of supartz injections. There are no subjective complaints noted. Objectively there is tenderness and stiffness over the knees. According to the utilization review, as noted above, eight physical therapy sessions were provided to the injured worker. There was no documentation demonstrating objective functional improvement. An additional four sessions of physical therapy (12 total) for authorized by the utilization review provider. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines clinically indicated. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy over the recommended guidelines (12 sessions), physical therapy left knee three times per week times four weeks is not medically necessary.

**Physical Therapy for the right knee, three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right knee three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the

guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis, unspecified whether generalized for localized lower leg; and pain in joint lower leg. Date of injury is February 10, 2011. The request for authorization is June 11, 2015. The injured worker is status post right knee arthroscopy May 9, 2014. The injured worker status post left knee arthroscopy August 8, 2014. According to the utilization review, the injured worker received eight sessions of postoperative physical therapy. According to a June 4, 2015 progress note, the subjective section indicates the injured worker is presenting for the next series of supartz injections. There are no subjective complaints noted. Objectively there is tenderness and stiffness over the knees. According to the utilization review, as noted above, eight physical therapy sessions were provided to the injured worker. There was no documentation demonstrating objective functional improvement. An additional four sessions of physical therapy (12 total) for authorized by the utilization review provider. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines clinically indicated. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy over the recommended guidelines (12 sessions), physical therapy right knee three times per week times four weeks is not medically necessary.

**Interferential unit with supplies, 30-60 day rental/or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Interferential unit (IF) with supplies 30 to 60 day rental/or purchase is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for IF to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are osteoarthritis, unspecified whether generalized for localized lower leg; and pain in joint lower leg. Date of injury is February 10, 2011. The request for authorization is June 11, 2015. The injured worker is status post right knee arthroscopy May 9, 2014. The injured worker status post left knee arthroscopy August 8, 2014. According to the utilization review, the injured worker received eight sessions of postoperative physical therapy. According to a June 4, 2015

progress note, the subjective section indicates the injured worker is presenting for the next series of supartz injections. There are no subjective complaints noted. Objectively there is tenderness and stiffness over the knees. The treating provider requested a 30 - 60 day rental or purchase. There is no documentation of a 30-day (one month) trial documented in the medical record. There is no documentation of failed TENS. Consequently, absent clinical documentation of a one month clinical IF trial and documentation of failed TENS, Interferential unit (IF) with supplies 30 to 60-day rental/or purchase is not medically necessary.