

<b>Case Number:</b>	CM15-0137016		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/12/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 58 year old female, who sustained an industrial injury on 4/12/09. The diagnoses have included primary localized osteoarthritis of the left lower leg. Treatment to date has included medications, diagnostics, activity modifications, surgery, bracing, injections, physical therapy, injections, and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of left knee pain for the past 8 years. She has had left knee arthroscopy but felt that her pain has never gone away and it has grown significantly worse over the past year. It is noted that she has been struggling with her weight at 5 feet 4 inches and 263 pounds and her body mass index (BMI) is over 45. The physical exam of the left knee reveals that she walks with antalgic gait favoring the left side. The range of motion is 0-105. There is a 1+ effusion. There is severe tenderness to palpation of the medial joint line. The diagnostic testing that was performed included x-rays of the left knee. The current pain medications included Naproxen, Lidoderm patch, Cyclobenzaprine and Ibuprofen. The previous physical therapy sessions were not noted. The physician requested treatment included 16 physical therapy visits for the left knee 2 times a week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 physical therapy for the left knee, 2 times a week for 8 weeks: Upheld**

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

**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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work-related injury in April 2009 and continues to be treated for ongoing left knee pain with a diagnosis of osteoarthritis. She had a partial meniscectomy in 2010. Prior treatments include physical therapy without improvement. When seen, there was decreased knee range of motion with an effusion and severe medial joint line tenderness. There was normal strength. The claimant's BMI was over 45. Authorization for 16 pool therapy sessions was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.