

<b>Case Number:</b>	CM15-0139415		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This 59 year old man sustained an industrial injury on 8/1/2014. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain with bilateral upper extremity radiculopathy, bilateral shoulder pain, lumbar spine pain, and bilateral carpal tunnel syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 6/10/2015 show complaints of worsening left knee pain. Recommendations include continue physical therapy and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 3 to the cervical and left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic); Neck and Upper Back (Acute & Chronic).

**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 sustained a work-related injury in August 2014 and continues to be treated for neck and left knee pain. When seen, she was having worsening left knee pain with locking and stabbing and shooting pain. There was decreased cervical and left knee range of motion. Cervical compression testing was positive. There was tenderness over the patella with positive grind testing and crepitus. An additional 6 physical therapy treatments were requested for increased strength, range of motion, and increased function and activities of daily living. In this case, the number of physical therapy treatments already provided is unknown. However, the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested appears in excess of what might be expected to be needed to reestablish or finalize claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.