

<b>Case Number:</b>	CM15-0162359		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female with an industrial injury dated 11-10-2010. The injured worker's diagnoses include cervical spine sprain and strain with severe spondylitic change, lumbar disc herniation at L5-S1, and Baker's cyst, chondromalacia patella and trochlear femoral dysplasia of the right knee. Treatment consisted of Magnetic Resonance Imaging (MRI) of cervical spine, MRI of lumbar spine, MRI of right knee, prescribed medications, three physical therapy visits, home exercises and periodic follow up visits. In a progress note dated 07-14-2015, the injured worker reported ongoing neck and back pain and persisting right knee pain. Objective findings revealed some peripatellar swelling, painful patellar compression, palpable swelling in the popliteal fossa, and multiple trigger point of tenderness throughout the cervical, thoracic, and lumbar paraspinal musculature. The treatment plan consisted of medication management, medical equipment and physical therapy. The treating physician prescribed services for additional physical therapy x8 for the right knee and ergonomic chair purchase, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x8 for the right knee:** 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) knee chapter, page 54.

**Decision rationale:** According to the guidelines, physical therapy for the knee with chondromalacia is recommended for 9 visits over 8 weeks. In this case, the request for 8 visits in addition to the prior 3 exceeds the guideline recommendations. Therefore, this request is not medically necessary as prescribed above.

**Ergonomic chair purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter/DME and pg 21.

**Decision rationale:** According to the guidelines, The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the claimant had a prior chair that was worn out but provided pain relief and reduction in muscle spasms. An ergonomic chair would not be beneficial to rent for long term. Since it is for medical purposes at home, the purchase of an ergonomic chair is medically necessary.