

<b>Case Number:</b>	CM15-0168670		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/16/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46-year-old female, with a reported date of injury of 04-16-2015. The mechanism of injury was the result of bending down to get something off a shelf. The injured worker's symptoms at the time of the injury included a sharp pain in the right knee. The diagnoses include left leg osteoarthritis, left leg joint symptom, and sprain of knee and leg. Treatments and evaluation to date have included oral medications, knee brace, orthotics, and ice. The diagnostic studies to date included an MRI of the left knee on 06-26-2015 which showed osteoarthritis of the femoropatellar joint, extensive degenerative intraosseous cystic changes in the patella with loss of articular cartilage and possible minimal patellar tilt, and minimal thinning of the cartilage in the medial femorotibial compartment; and an MRI of the right knee on 06-26-2015 which showed osteoarthritis of the femoropatellar joint with patellar tilt and small joint effusion. The medical report dated 07-22-2015 indicates that the injured worker complained of bilateral knee pain, left greater than the right. She had been on modified duty and stated that her pain had decreased on modified duty. There were no numbness, tingling, or radicular symptoms. There was documentation that the injured worker had completed six physical therapy visits, which aggravated her lower back. The physical examination showed no acute distress; patellofemoral crepitus of the bilateral knees; facet tenderness in both patellofemoral joints, worse in the left knee; positive patellar grind test on the left; no significant joint line tenderness in either knee; some minimal to mild effusion in both knees; stable bilateral knees without an extensor lag; and normal neurovascular examination distally in both lower extremities. X-rays of both knees showed moderate bilateral patellar tilt. The treating physician recommended a course

of physical therapy. It was noted that the injured worker was able to work modified duty with a lifting limit of 15 pounds and no kneeling, squatting, lunging, or climbing-type activities. Her work status was limited duty. The request for authorization was not included in the medical records. On 07-31-2015, the Utilization Review non-certified the request for physical therapy for the bilateral knees, three times a week for four weeks due to no documentation of significant improvement from previous physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy for the bilateral knees, three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" In this case, the patient underwent 6 sessions of physical therapy without clear documentation of efficacy and did even aggravate her lower back pain. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 12 physical therapy sessions for the bilateral knees is not medically necessary.