

<b>Case Number:</b>	CM15-0169284		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<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

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 (IW) is a 53 year old female who sustained an industrial injury on 10-25-2013. The injured worker was diagnosed as having multilevel disc disease (MRI 09-2202014), lumbar spine sprain/strain, and rule out herniated nucleus pulposus, bilateral knee sprain-strain, and right hand diffuse pain. Treatment to date has included medications, and a cervical epidural steroid injection (that helped 50%). Currently, the injured worker complains of neck, lower back, right hand and bilateral knee pain. She rates her lower back pain as a 3-4 on a scale of 0-10 and her neck pain at a 1 on a scale of 0-10 (much improved since an epidural injection). Her right hand and bilateral knee pain is stated to be at a 3 on a scale of 10 and improving. Rest and medication make her pain improve, and she is currently working. On exam, she has decreased tenderness over the paraspinals of the cervical spine. Her lumbar spine revealed decreased range of motion with tenderness over the paraspinals. She had a positive straight leg raise (sitting) on the right with pain to the anterior thigh. Examination of the bilateral knees revealed decreased range of motion and tenderness over medial and lateral joint lines. Valgus and Varus stress tests were positive with a positive tenderness over the medial joint on the right. The treatment plan included chiropractic treatment, pain management, physical therapy to the right knee, and a urine toxicology screen. A request for authorization 08-07-2015 was submitted for Physical therapy 2 times a week for 6 weeks for the right knee, Urine toxicology screen, and Norco 10/325mg #90. Utilization review decision (08-19-2015) non-certified the physical therapy 12 sessions to the right knee, and certified the urine toxicology screen and the Norco 10/325mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right knee:** 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:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, prior notes suggested that "she has failed physical therapy," although it was unclear as to which body areas failed this therapy. Regardless, there was no mention of what exercises she was currently doing at home to continue some form of therapy independently for her knee. As there was insufficient reporting of a positive response to prior sessions and no documentation of having difficulty completing home exercises, additional physical therapy for the right knee will be considered medically unnecessary.