

<b>Case Number:</b>	CM15-0194316		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old male who sustained an industrial injury on 7-27-2009. Diagnoses have included reflex sympathetic dystrophy of the lower limb, chronic pain, and osteoarthritis ankle and foot. Diagnostic left knee MRI dated 7-25-2015 showed chondromalacia, meniscus tear, and baker's cyst. Documented treatment includes a left lumbar paravertebral sympathetic block on 3-3-2015 with 50-80 percent "overall improvement" in mood, sitting, standing, mobility and sleep which lasted for 6 weeks. There is an operative report dated 9-15-2015, showing a subsequent block. Other treatment has included medication, home exercise, acupuncture, use of a brace and 4 recent weeks of physical therapy showing improved pain control and functional improvement. On 9-1-2015 the injured worker complained of "constant" ongoing pain in the left knee, ankle and foot. The pain was characterized as burning and sharp rated 7-9 out of 10 and worse since his previous visit. He reported muscle weakness and that pain had been impairing activities of daily living related to self-care and hygiene, activity, walking, sleep and intimacy. Examination revealed tenderness to the left knee and foot with palpation, left foot swelling, and decreased strength of the extensor muscles along the L4-S1 dermatome in the left lower extremity. Allodynia was noted in that extremity as well, with discoloration. There was "severe" left knee crepitance with painful range of motion. The treating physician's plan of care includes an additional four weeks of physical therapy 1-2 times per week for the left lower extremity "with goal of transition to a home exercise program." This was non-certified on 9-22-2015. The injured worker is not presently working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy for the left knee, 2x4 weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 8 physical therapy for the left knee, 2x4 weeks, as an outpatient is not medically necessary or appropriate.