

<b>Case Number:</b>	CM15-0194380		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This injured worker is a 61 year old female who reported an industrial injury on 10-21-2012. The history noted a mild secondary injury on 1-29-2014 versus 2-10-2014. Her diagnoses, and or impressions, were noted to include a right knee sprain-strain-pain, with possible internal derangement of right knee, casually related to the 10-21-2012 & 2-10-2014 incidents. Recent x-rays of the right knee were said to be done on 9-9-2015, and magnetic resonance imaging studies of the right knee were said to have been done; neither were noted. Her treatments were noted to include: a qualified medical evaluation on 11-20-2013, an agreed panel qualified medical evaluation on 1-4-2014 & 3-24-2015; orthopedic consultation (3-3-14); transcutaneous electrical stimulation unit therapy; medication management with toxicology studies (9-9-15); and modified work duties. The orthopedic progress notes of 3-24-2015 reported complaints which included: sustaining 2 work-related injuries (10-21-2012 & 2-10-2014); and right knee stiffness with constant bilateral knee pain, right > left, rated 7 out of 10, that was increased by movement, activities, sneezing and lying flat, and was relieved by applying heat every third day, applying ice every 2-3 days, and applying topical ointment to both knees daily. The objective findings were noted to include: obesity; a right lower extremity limp; bilateral knee valgus, right > left; bilateral patellofemoral crepitus, right > left; positive patellar inhibition and bounce tests, right > left; the inability to perform McMurray test due to limited right knee flexion; decreased right ankle reflex; painful, decreased right knee range-of-motion; and a review of her records with determination that both injuries resulted in strain-sprain of the right knee. The physician's requests for treatment were noted to include the recommendation for radiograph studies which

included the right knee to be in a better position to opine what, if any, further orthopedic care he may require. No Request for Authorization for physical therapy of the right knee was noted. The Utilization Review of 9-21-2015 non-certified the request for physical therapy of the right knee.

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

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

#### **Physical Therapy of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Indications for imaging-Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are LS strain, possible HN P; right knee pain, possible internal derangement. Date of injury is October 21, 2012. Request authorization is August 17, 2015. The documentation in the medical record shows the injured worker has a history of low back pain and received an unknown number of physical therapy sessions. According to a September 9, 2015 progress note, subjective complaints include low back pain with radiation to the bilateral lower extremities and knee pain. Objectively, there is tenderness to palpation at the right knee. The injured worker has an antalgic gait. There is no documentation of prior physical therapy to the right knee. It is unclear whether the injured worker received prior physical therapy. The documentation indicates the medical record review was not authorized. The guidelines recommend a six visit clinical trial. The treating provider requested physical therapy two times per week times four weeks. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation indicating a review of the medical records (for prior physical therapy) and an excessive request for physical therapy (eight sessions in lieu of a six visit clinical trial), physical therapy right knee is not medically necessary.