

<b>Case Number:</b>	CM15-0196686		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/10/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 is a 43-year-old female with a date of injury of October 10, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain and foot pain. Medical records dated July 16, 2015 indicate that the injured worker complained of swelling in the knees, decreased spasms in the right knee, pain rated at a level of 6 out of 10 and 9 out of 10 without medications, and poor sleep quality. A progress note dated September 10, 2015 documented complaints of pain rated at a level of 6 out of 10 and 9 out of 10 without medications. Per the treating physician (September 10, 2015), the employee was permanent and stationary. The physical exam dated July 16, 2015 reveals an antalgic gait, crepitus with active movement of the knees, and positive knee joint effusion bilaterally. The progress note dated September 10, 2015 documented a physical examination that showed no changes since the examination performed on July 16, 2015. Treatment has included "More than 60 sessions of physical therapy from 2006 through 2010 that provided moderate pain relief", right knee meniscal repair, left knee meniscectomy, and medication. The treating physician documented that the injured worker had continued physical therapy as of September of 2015, but that the therapy was causing an increase in the injured worker's non-industrial back pain and new onset right hip pain. The original utilization review (October 6, 2015) non-certified a request for six sessions of physical therapy for the bilateral feet and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x3 Bilateral Feet, Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

**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. Ankle and foot section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the bilateral feet and bilateral knees 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are knee pain and foot pain. Date of injury is October 10, 2006. Request for authorization is September 23, 2015. According to the September 10, 2015 progress note, the injured worker has 6/10 pain. The location of pain is not specified in the narrative. Physical therapy has been ongoing to the knees. Point of the utilization review, the worker received greater than 60 physical therapy sessions from 2006 to 2010 and 2015. Objectively, there is crepitus on physical examination with one plus effusion. Range of motion is decreased. There is bilateral hallux scar and decreased range of motion. There were no physical findings of the feet documented. The injured worker had multiple surgeries to the bilateral knees. As noted above, the injured worker had a significant number of physical therapy sessions. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically warranted. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, the significant number of physical therapy sessions without documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week times three weeks to the bilateral feet and bilateral knees is not medically necessary.