

<b>Case Number:</b>	CM15-0197398		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/05/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, Hawaii

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 46 year old female, who sustained an industrial injury on 6-5-15. The injured worker is diagnosed with right knee internal derangement and right knee sprain-strain. The injured worker is temporarily partially disabled. A note dated 8-24-15 reveals the injured worker presented with complaints of constant knee pain that radiates down her right leg. The pain is described as sharp, achy, burning, spasmodic and shooting and is associated with weakness, numbness, giving way, locking, grinding and swelling. She reports the pain is affecting her activities of daily living and is rated 3-8 out of 10. Physical examinations dated 6-5-15 - 8-24-15 revealed right knee tenderness at the lateral and midline and lateral collateral ligament and decreased range of motion due to pain. Treatment to date has included medications and physical therapy (6 sessions), which has helped per note dated 8-24-15. Diagnostic studies to date have included right knee x-rays and MRI. A request for authorization dated 8-24-15 for physical therapy 3 times a week for 4 weeks for the right knee is non-certified, per Utilization Review letter dated 9-14-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks right knee: Upheld**

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

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

**Decision rationale:** The patient presents with bilateral knee and right sided low back pain radiating down the right hip and leg. The current request is for Physical Therapy 3 times a week for 4 weeks right knee. The treating physician report dated 08/24/2015 (14B) states, presently; the patient continues to experience pain in right side of the low back and both knees. Thus, it is in my professional opinion that she will benefit from continued medical care as listed below: We are requesting authorization for physical therapy evaluation and treatment three times a week for four weeks for right knee. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports were not made available for review. The 08/04/2015 report notes that the patient has 1 session of physical therapy left. It is unclear from the reports how many physical therapy sessions the patient has received thus far. In this case, the requested 12 sessions when combined with the previous visits that the patient has received would exceed guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.