

<b>Case Number:</b>	CM15-0202943		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 69 year old female who sustained an industrial injury on 12-8-11. The injured worker reported chronic pain. A review of the medical records indicates that the injured worker is undergoing treatments for osteoarthritis of knee, chronic pain syndrome and joint pain. Provider documentation dated 9-21-15 noted that the injured worker was receiving physical therapy and "did feel that was very useful". Treatment has included physical therapy, Ibuprofen since at least July of 2015, use of a walker, psychology sessions and home exercise program. Objective findings dated 9-21-15 were notable for anxious, tenderness to palpation bilaterally to the patellar tendon. The original utilization review (9-29-15) denied a request for Physical therapy for 6 visits, knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for 6 visits, knees:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions to the 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 chronic pain syndrome; and osteoarthritis of knee. Date of injury is December 8, 2011. Request for authorization is September 21, 2015. According to an April 23, 2015 progress note, the injured worker was advised to increase activity and continue a home exercise program. The injured worker is post functional restoration program. According to a July 20, 2015 progress note, the treating provider requested physical therapy and has been having recurrent falls. According to a September 21, 2015 progress note, the injured worker presents for routine follow-up with recurrent falls. Subjectively, worker has bilateral knee pain and depression. Objectively, there is tenderness to palpation over the patellar tendon. There is no joint line tenderness and no swelling present. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. The injured worker completed a course of physical therapy and a functional restoration program and should be well-versed in the exercises performed during physical therapy to engage and continue a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior physical therapy progress note documentation, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy six sessions to the knees is not medically necessary.