

<b>Case Number:</b>	CM15-0207562		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 60 year old male who sustained an industrial injury on April 16, 2012. The worker is being treated for: low back pain, bilateral knee pain, status post right arthroscopy 2004, and degenerative joint disease with medial meniscus tear of left knee. Subjective: April 14, 2105 reported bilateral knee and lower back pains. September 16, 2015 reported ongoing chief complaint of bilateral knee pain without significant improvement remaining relatively stable over the past year. He reports the left knee more painful than right and rates the pain as "significant." Objective: April 14, 2015 noted left knee "continues to reveal tenderness to palpation." There is continued trace effusion and tenderness to palpation over the patellofemoral and medial joint. There is noted crepitus and positive McMurray's medially. September 16, 2015 noted "visual examination bilateral knees are without pathology," there is note of well healed scar anterior right knee and is noted to have "concordant significant pain on palpation of the medial and lateral aspect of right knee." Medications: Hydrocodone APAP, Temazepam, Flexeril. Treatments: activity modifications, medication management, physical therapy, right knee surgery 2004, knee injections, psychological care, and chiropractic treatment. On October 05, 2015 a request was made for 6 sessions of physical therapy treating the bilateral knees and lumbar that was noncertified by Utilization Review on October 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 6 visits for 1 month bilateral knee, lumbar:** 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:** 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 2012 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 Physical therapy times 6 visits for 1 month bilateral knee, lumbar is not medically necessary and appropriate.