

<b>Case Number:</b>	CM15-0209454		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 44 year old female who sustained an industrial injury on 02-28-2014. Medical records indicated the worker was treated for a knee and an ankle injury. Treatments included right knee surgery for a meniscal repair (07-30-2015), left knee arthroscopic debridement and partial medial meniscetomy with meniscal repair (06-13-2014), and left ankle status post tendon repair surgery (10-30-2014). She has finished 7 of an authorized 12 sessions of physical therapy to the left foot-ankle. She complains of constant left ankle pain and swelling, bilateral knee pain, and left hip pain. A home exercise program was also taught. According to provider notes, the worker continues with symptomatic bilateral knee pain. On examination, the right knee reveals tenderness to palpation over the medial joint line and patella tendon with effusion. Her gait is antalgic. Her left knee is tender to palpation in the medial joint line. Examination of the left ankle shows diffuse tenderness to palpation. A request for authorization was submitted for physical therapy 2x per week for 6 weeks for bilateral knees. A utilization review decision 10-01-2015 modified the request to approve physical therapy for the bilateral knees quantity 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x per week for 6 weeks for bilateral 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 rationale:** The patient presents with neck, shoulder, wrist and hand pain with numbness and tingling. The current request is for X-ray of the right knee. The treating physician states, in a report dated 08/28/15, "Request X-ray of bilateral knees." The MTUS guidelines are silent on radiography. ODG guidelines state, "Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In this case, the treating physician, based on the records available for review, has failed to document any of the criteria listed above. As such, the current request is not medically necessary.