

<b>Case Number:</b>	CM15-0022594		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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  
 Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 03/31/2006. On provider visit dated 01/05/2015 the injured worker has reported bilateral knee, hand, neck and shoulder pain. She was noted on examination to have tenderness and restricted range of motion to lumbar spine, cervical spine, right and left shoulder. Bilateral knees were noted to have medial joint line tenderness and pain with patellofemoral compression and a McMurray test was negative. The diagnoses have included status post right hand carpal tunnel release, left hand carpal tunnel syndrome, cervical spine myofascial sprain/strain, and patellofemoral syndrome/internal derangement of bilateral knees. Treatment to date has included completing 8 session of physical therapy. Treatment plan included additional physical therapy twice a week for four weeks. On 01/30/2015 Utilization Review non-certified physical therapy additional 2 times a week for four weeks, as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy additional 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346. Decision based on Non-MTUS Citation Knee, Physical therapy

**Decision rationale:** The requested Physical therapy additional 8 sessions, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and ODG, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has bilateral knee, hand, neck and shoulder pain. She was noted on examination to have tenderness and restricted range of motion to lumbar spine, cervical spine, right and left shoulder. Bilateral knees were noted to have medial joint line tenderness and pain with patellofemoral compression and a McMurray test was negative. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy additional 8 sessions is not medically necessary.