

<b>Case Number:</b>	CM15-0045512		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Pennsylvania, Ohio, 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 55 year old male, who sustained an industrial injury on 10/15/2010. Initial complaints reported included bilateral knee pain/injury and left elbow pain/injury. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, injections to the right shoulder and knee and left elbow, MRI of the right shoulder, x-rays of the left elbow, physical therapy, right shoulder surgery (10/11/2013), electrodiagnostic testing of the upper extremities, and right knee surgery (07/22/2014) with post-operative physical therapy. Currently, the injured worker complains of constant sharp and stretching pain in the right knee with radiation down the right leg to the foot and toes, and constant sharp pain in the left knee with radiation down the left leg to the foot and toes with heat and swelling to both feet. Pertinent current diagnoses include internal right knee derangement, status right knee arthroscopic surgery, and status post left knee injury. The treatment plan consists of additional physical therapy to both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient physical therapy twice a week for six weeks to the bilateral knees:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.