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| <b>Case Number:</b>   | CM15-0049389 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 04/11/2013 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female sustained an industrial injury to the left knee, right elbow, neck and right wrist on 4/11/13. The injured worker later developed right knee, low back and coccygeal region pain. Previous treatment included magnetic resonance imaging, physical therapy, cortisone injections, unloader knee brace and medications. In a PR-2 dated 1/29/15, the physician noted that the injured worker had completed a total of 11 physical therapy sessions since her injury. Physical exam was remarkable for left knee with unloader brace, tenderness to palpation in the right knee along the patellofemoral joint and the patellar tendon, tenderness to palpation to the right hip, coccyx and iliac crest. Current diagnoses included left knee medial compartment osteoarthritis and left knee medial compartment chondromalacia. The treatment plan included additional physical therapy twice a week for six weeks for the lumbar spine, coccyx and bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the clinical documentation provided and current MTUS guidelines, Physical therapy is NOT indicated as a medical necessity to the patient at this time, as it exceeds the current recommended amount of sessions. Therefore, the request is not medically necessary.