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| <b>Case Number:</b>   | CM14-0108289 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 05/06/2006 |
| <b>Decision Date:</b> | 11/05/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2014 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old male who was reportedly injured on 05/06/2006. Total knee arthroplasty was done on 02/27/2007. The injured worker complains of sharp, aching pain in the right knee rating 3-10/10 with occasional clicking and unsteadiness. The injured worker is noted to have spinal stenosis and may be giving the injured worker some weakness in the L4 distribution which would cause both abductor weakness and possible quadriceps weakness and mild instability of the knee. Records reveal that the injured worker has had 24 visits of physical therapy but none since 2011. A request was made for Physical Therapy 3 x4 week- Right Knee and was not certified on 06/19/2014.16402

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x4 week- Right Knee:** Upheld

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

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

**Decision rationale:** The request for physical therapy three times a week for four weeks for the right knee is not medically necessary. Prior utilization review modified the certification to two

physical therapy sessions to update and revise the home exercise program for self-management thereafter. There is no clinical information submitted indicating that the injured worker went to the two sessions of physical therapy for re-education. As such medical necessity has not been established.