

<b>Case Number:</b>	CM14-0121111		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 61-year-old female who was reportedly injured on 06/01/2011. A progress note dated 07/15/2014 noted the injured worker complaining of pain located in the left side lower back and sciatica down left lower extremity is predominant pain. The injured worker has pain in the back of the left thigh at times and both knees. The injured worker has a history of bilateral patellofemoral syndrome which has improved with physical therapy. 18 sessions of physical therapy has been done. A request was made for physical therapy to the Knee (2) times a week over (6) weeks and was not certified on 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the Knee (2) times a week over (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 93-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more PT visits. Also, at this juncture, the injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, any additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical Therapy visits are not medically necessary according to the guidelines.