

<b>Case Number:</b>	CM14-0129982		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 57-year-old male who reported an injury on 01/24/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included left shoulder impingement syndrome with partial rotator cuff tear, cervical discopathy with radiculitis, lumbar discopathy with radiculitis, status post left knee surgery with degenerative joint disease, right knee medial meniscus tear with chondromalacia patella. The previous treatments included medication and physical therapy. In the clinical note dated 06/09/2014 it was reported the injured worker complained of cervical spine pain, chronic headaches, tension between the shoulder blades, and migraines. The injured worker complained of bilateral shoulder pain, left side greater than the right. He complained of lumbar spine pain and bilateral knee pain. On the examination the bilateral knees had tenderness at the joint line. The injured worker had a positive patellar compression test and a positive McMurray's sign. There was pain with terminal flexion. The provider requested physical therapy and work conditioning times 8 sessions for the bilateral knees. The request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy and Work Conditioning X 8 Sessions, Bilateral Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Work conditioning, work hardening Page(s): 98-99 125.

**Decision rationale:** The request for Physical Therapy and Work Conditioning X 8 Sessions, Bilateral Knee is not medically necessary. The California MTUS Guidelines state that active therapy 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. The guidelines allow for a fading treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 10 visits of physical therapy are recommended. In addition the guidelines note work hardening is recommended as an option depending on the availability of the programs. The criteria for work hardening includes work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands which are in a medium or higher demand level. A Functional Capacity Evaluation may be required showing consistent results with maximal effort and demonstrating capabilities below an employer's verified physical demand analysis, after treatment with an adjunct trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical therapy or occupational therapy, or general conditioning. Not a candidate where surgery or other treatment would be clearly warranted to improve function. Physical and medical recovery sufficient to allow for progressive reactivation of the participation for a minimum of 4 hours a day. A defined return to work goal agreed to by the employer and employee. A documented specific job to return to with the job demands that exceed abilities or documented on the job training. The worker must be able to benefit from the program of functional and psychological limitations that are likely to improve with the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in a program. The worker must be no more than 2 years past the date of injury. Workers that have not returned to work by the 2 year post injury may not benefit. The treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance. The guidelines recommend 10 visits over 8 weeks. The number of sessions the injured worker has undergone for physical therapy was not submitted for clinical review. There is lack of clinical documentation indicating the efficacy of the physical therapy with the bilateral knees. There is lack of significant documentation of on the job training. There is lack of documentation of a Functional Capacity Evaluation. Additionally, the injured worker exceeds the 2 year mark from the date of injury to be able to benefit from the request. Therefore, the request is not medically necessary.