

<b>Case Number:</b>	CM14-0143164		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 and Rehabilitation 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 49-year-old male who reported an injury on 05/21/2013. The mechanism of injury was not provided. Diagnoses included right knee chondromalacia patella and degenerative changes in the meniscus. Past treatments included medication, home exercise, and physical therapy. Diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 08/18/2014 indicated that the injured worker complained of right knee pain rated 6/10. The physical exam revealed tenderness to the bilateral knees diffusely, greatest at the medial aspect. Current medications included tramadol ER 150 mg, naproxen sodium 550 mg, pantoprazole 20 mg, and cyclobenzaprine 7.5 mg. The treatment plan included additional physical therapy 3 times weekly for 4 weeks for the right knee. The rationale for the request was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3 times weekly for 4 weeks, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7, 98-99.

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

**Decision rationale:** The request for Additional Physical Therapy 3 times weekly for 4 weeks, right knee is not medically necessary. The California MTUS Guidelines recommend physical therapy for myalgia and myositis, to include 9 to 10 visits over 8 weeks. The injured worker complained of right knee pain rated 6/10 and stated that medication at the current dose facilitated maintenance of activities of daily living. There is a lack of clinical documentation of physical exam findings, diagnostic studies, and any previous conservative treatment related to the right knee. Additionally, there is a lack of documentation regarding the previous physical therapy directed at the right knee, including quantified pain relief, functional improvement, and the number of sessions completed. Therefore, the request for Additional Physical Therapy 3 times weekly for 4 weeks, right knee is not medically necessary.