

<b>Case Number:</b>	CM14-0145009		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with an injury date of 01/04/2014. Based on the 08/13/2014 progress report provided by [REDACTED] the patient complains of bilateral knee pain, right knee being more pain than left knee. The symptoms apparently worsen at night and aggravates when walking upstairs. The patient also complains with bilateral hands and wrist pain, and pain worsens with cold weather. Negative Lachman's test, negative drawer, and negative varus/valgus stress test. MRI of the lumbar spine on 07/14/2014 shows DDD, facet arthrosis, multilevel disc bulging, MRI of the right knee on 07/14/2014 shows osteochondral lesion patella, and MRI of left knee on 07/14/2014 shows chondromalacia, possible lateral meniscus tear. The diagnoses include the following: 1. Status post slip and fall injury at work 2. Cervical spinal strain 3. Lumbar spinal strain 4. Lumbar DDD, facet arthrosis, multilevel disc bulging 5. Bilateral knee contusions and pain 6. Right knee osteochondral defect medial patella 7. Left knee chondromalacia, possible medial meniscus tear [REDACTED] is requesting for physical therapy 2-3 times a week for 6 weeks, bilateral knee Quantity: 18. The utilization review determination being challenged is dated 09/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/09/2014 to 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Two to three times a week for six weeks, Bilateral Knee Quantity: 18:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); physical therapy

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

**Decision rationale:** According to the 08/13/2014 report by [REDACTED], this patient presents with bilateral knee pain, right knee being more pain than left knee. The treating physician is requesting physical therapy two times a week for six weeks, bilateral knee Quantity: 18. MTUS guidelines pages 98, 99 states that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. No therapy treatments were included in the file and the treating physician does not discuss treatment history, why the patient needs therapy as this time, and why the patient is not able to perform the necessary exercises at home to manage chronic pain. Given no apparent recent history of therapy, a short course of treatment may be reasonable if the patient's symptoms are flared. However, the request for 18 sessions exceeds what is allowed by MTUS for this type of condition. The request is not medically necessary.