

<b>Case Number:</b>	CM15-0010319		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female patient who sustained an industrial injury on 12/23/2009. The diagnoses include right knee osteoarthritis; and osteoarthritis lower leg and left knee. Per the doctor's note dated 12/10/2014, he had complaints of right knee pain with popping and unable to walk for 2 blocks. The physical examination of the right knee revealed effusion, severe patellofemoral crepitation with range of motion, knee range of motion 0 to 95 degrees, antalgic gait. The medications list includes ibuprofen, norco, flexeril, cymbalta and terocin cream. She has undergone right knee injection on 12/10/2014; right sacroiliac joint injection and left knee total replacement surgery. She has had EMG/NCS dated 5/22/2013 which revealed left L5 radiculopathy; right knee MRI and X-rays. Prior diagnostic study reports were not specified in the records provided. She has had use of a cane and knee exercises for this injury. The work status classification for this injured worker (IW) was noted to be retired. On 12/26/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/18/2014, for physical therapy 2 x a week x 4 weeks (8 sessions), for the right knee to improve functional performance. The Medical Treatment Utilization Schedule, chronic pain medical management, physical medicine; and the Official Disability Guidelines, knee and leg physical medicine treatment for arthritis, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 4Wks Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): page 98.

**Decision rationale:** Request: Physical Therapy 2xWk x 4Wks Right Knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specific number of physical therapy visits for this injury since date of injury 12/23/2009 is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2xWk x 4Wks Right Knee is not established for this patient at this time.