

<b>Case Number:</b>	CM15-0012810		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/07/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male who reported an injury on 06/07/2014 due to an unspecified mechanism of injury. On 11/04/2014, he presented for a followup evaluation regarding his work related injury. He reported pain to both knees rated at 0/10 to 10/10. A physical examination showed the patella was mobile and there was tenderness present in the bilateral distal patellar tendon. There was mild crepitus noted bilaterally and pain was noted on flexion over the distal patellar tendon. Gait was stiff and range of motion of the knees was within normal limits but with pain. He was diagnosed with bilateral pain in the knees and bilateral tendinitis of the patella. A request was made for physical therapy 2 times a week for 4 weeks for the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 4 weeks bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral knees. However, there was a lack of documentation showing that he had any significant functional deficits such as decreased strength or range of motion to support the request for physical therapy treatment. Also, the number of sessions being requested exceeds the guidelines' recommendations. No exceptional factors were noted to support exceeding the guidelines and therefore the request would not be supported. As such, the request is not medically necessary.