

<b>Case Number:</b>	CM15-0016363		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 53 year old female, who sustained an industrial injury, September 21, 2012. According to progress note of January 21, 2015, the injured workers chief complaint was bilateral knee pain and low back pain which radiates down both legs. According to the progress note of November 12, 2014, the injured worker was progressing well with physical therapy. According to the progress note of December 11, 2014, the injured worker received some benefit from physical therapy. The injured worker was doing water exercises on own. X-rays of bilateral knee showed patella tilt. The injured worker was diagnosed with patellafemoral compartment and mal-tracking, chondromalacia, disc protrusion at the L4-L5 level with facet joint arthropathy causing mild narrowing of the central canal and L5-S1 small disc protrusion. The injured worker previously received the following treatments MRI of the lumbar spine in October 2012 which showed disc protrusion at the L4-L5 level with facet joint arthropathy causing mild narrowing of the central canal and L5-S1 small disc protrusion without central canal stenosis through mild narrowing of both neural foramina, physical therapy, home exercise program, water therapy, and multiple injections by pain specialists. On December 20, 2014, the primary treating physician requested authorization for 12 additional physical therapy visits for the left knee; 3 times a week for 4 weeks as an outpatient for progressive range of motion and strengthening. On January 9, 2015, the UR denied authorization for 12 additional physical therapy visits for the left knee; 3 times a week for 4 weeks as an outpatient. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 x 4 for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant sustained a work injury more than two years ago. Treatments have included extensive physical therapy including independent pool therapy and a home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program.