

<b>Case Number:</b>	CM15-0114987		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 is a 57 year old male who sustained a work related injury October 6, 2000. Past history included s/p right knee arthroscopy. An orthopedic exam report dated April 2, 2015, finds the injured worker presenting for a re-check of right knee pain. The pain is constant, dull, and located over the lateral, medial and patellofemoral joint. Treatment plan was to submit authorization to pain management for weaning from medication and to continue with home exercise in moderation. According to a primary treating physician's report dated May 14, 2015, the injured worker is complaining of pain in the right knee. He is using a walking cane. Objective findings included; healed arthroscopic portals right knee, pain and tenderness with range of motion, and limited motion and strength. Diagnoses are degenerative joint disease of the right knee and narcotic tolerance. Treatment plan included to transfer medication management to pain management specialist, consideration for a detox program, and right knee arthroplasty. At issue, is the request for authorization for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for progressive mobilization and stretching of the tight musculature in the right lower extremity twice a week for 12 visits: Upheld**

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

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

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for left shoulder and right knee pain. Case notes references previous trigger point injections. When seen, there was an antalgic gait with a cane. The claimant has a remote history of a work-related injury and continues to be treated for right knee pain. When seen, there was an unchanged physical examination. There was diffuse knee tenderness with limited range of motion and strength. There was varus deformity. A total knee replacement was being requested as well as 12 sessions of physical therapy. The claimant is being treated for chronic pain with no new injury. 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 number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.