

<b>Case Number:</b>	CM15-0116300		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

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 62-year-old male who sustained a work related injury December 11, 2012. According to a primary treating physician's progress report, dated April 23, 2015, the injured worker presented with complaints of neck, lower back, bilateral elbow, left knee, and bilateral foot pain. The persistent pain in the neck, rated 7/10 and frequent, with radiation into both arms. The lower back pain, rated 7/10, and frequent with radiation to both legs. There is bilateral elbow pain, rated 7/10 and frequent, left knee pain, 7/10 and frequent, and bilateral foot pain, 7/10 and frequent. He takes Motrin on an as needed basis, which brings the pain from a 7/10, down to a 3-4/10. Objective findings included; 5'7" 249 pounds, tenderness to palpation over the upper trapezius muscles and limited bilateral rotation. There was tenderness to palpation over the lower lumbar paraspinal muscles, flexion was limited secondary to pain and bilateral rotation was limited secondary to pain. Bilateral sitting straight leg raise was positive in the left lower extremity and negative in the right. There was tenderness over the medial and lateral compartments of the bilateral elbows with full range of motion in all planes, tenderness to palpation over the plantar aspect of both feet with full active range of motion in all planes and tenderness medially of the left knee with range of motion 0-120 degrees. Diagnoses are s/p right lateral epicondylectomy; right medial tendinopathy of the elbow with cubital tunnel syndrome; left foot arthralgia, rule out meniscal tear; bilateral plantar fasciitis. Treatment plan included Motrin on an as needed basis, obtain the AME (agreed medical evaluation) report of October, 2014 and at issue, a request for authorization for physical therapy to the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical therapy for the left knee, 2 times a week for 4 weeks as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 8 Physical therapy for the left knee, 2 times a week for 4 weeks as outpatient is not medically necessary and appropriate.