

<b>Case Number:</b>	CM15-0119656		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 60-year-old female, who sustained an industrial injury on 10/17/2011 secondary to motor vehicle accident. On provider visit dated the injured worker has reported bilateral shoulder and knee issues. On examination of the right knee revealed tenderness to palpation along the medial joint line, positive patellofemoral crepitation, positive grind, stable anterior drawer and Lachman, varus and valgus testing. The diagnoses have included status post Monovisc viscosupplementation to the right knee on 10/07/2014 and 06/04/2015. Treatment to date has included injections. The provider requested physical therapy 2 times a week for 6 weeks to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnosis are injuries to the right shoulder, right knee, cervical spine, head neck and low back; right shoulder impingement, bursitis and tendinitis; grade 4 patellofemoral chondromalacia and osteoporosis lateral tibial plateau and degeneration lateral and medial menisci; status post Monovisc Visco- supplementation; status post right shoulder diagnostic and operative arthroscopy. Utilization review indicates the injured worker had 4 physical therapy sessions ranging from August 28, 2014 through September 8, 2014. An additional 20 physical therapy sessions were authorized September 11, 2014. There is no documentation in the medical record demonstrating objective functional improvement. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. The most recent progress note is dated June 2, 2015 (request for authorization June 5, 2015). Subjectively, the injured worker has bilateral shoulder and knee pain. Injured worker received a hyaluronic acid injection to the knee. There is continued achiness and stiffness in the knee. Objectively, there is tenderness palpation of the medial joint line. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically warranted. Consequently, absent clinical documentation demonstrating objective functional improvement with 24 prior physical therapists sessions rendered to date, a clinical rationale indicating how additional physical therapy will benefit the injured worker and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks to the right knee is not medically necessary.