

<b>Case Number:</b>	CM15-0121409		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66 year old male who sustained an industrial injury on 1/1/08. Diagnoses are degenerative joint disease, displaced lumbar disc with myelopathy, sacroiliac ligament, and chronic pain syndrome. In a progress report dated 5/22/15, the primary treating physician notes the injured worker complains of pain in the low back, right hip and left knee. He indicates he is having more difficulty with self care activities. He has marked limitation in his ambulation and needs help to dress himself without the medication. Back and right knee pain are described as shooting, throbbing, radiating and numbing and rated at 6-8 out of 10 and is constant. The pain is better with rest and worse with movement. Pain is rated at 4 out of 10 after taking opioids and relief lasts a couple hours. Review of systems notes numbness, joint pain and stiffness, muscle weakness, depression and stress. Current work status is return to modified work on 5/22/15 with restriction: sedentary work only. Current medications are Butrans patch, Horizant, and Mobic. Previous medication is Norco. Previous treatment includes left total knee arthroplasty on 7/18/14 -status post 36 post op PT sessions; 6 sessions of acupuncture-2015, cognitive behavioral therapy-2013/2014, chiropractics, electromyography-2011, injections, MRI of the lumbar spine - 2010, physical therapy, urine drug screening, and surgery. Exam notes an antalgic gait, diffuse tenderness in the low back, decreased and painful range of motion approximately 25% of normal. The requested treatment is physical therapy for the left knee 2 times a week for 3 weeks, for a quantity of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee 2 times a week for 3 weeks, quantity: 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** Physical therapy for the left knee 2 times a week for 3 weeks, quantity: 6 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT for the left knee. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.