

<b>Case Number:</b>	CM15-0127429		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 5/30/08. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc herniation; osteoarthritis lower limb; tear lateral meniscectomy knee; neuritis/radiculitis thoracic/lumbosacral; abnormality of gait. Treatment to date has included status post right knee arthroscopy (6/6/14); status post left total knee arthroplasty (12/19/14); physical therapy; urine drug screening; medications. Diagnostics studies included Ultrasound bilateral lower extremity venous duplex (12/25/14). Currently, the PR-2 notes dated 6/12/15 indicated the injured worker complains of bilateral knee, bilateral lumbar and bilateral sacroiliac pain. He rates his discomfort at 5/10 approximately 100% of the time. The provider notes tenderness to palpation of the lumbar, bilateral sacroiliac and bilateral anterior knees. His lumbar range of motion is limited in all planes with straight leg raising positive bilaterally with positive Kemp's testing. The injured worker is a status post left total knee arthroplasty of 12/19/14. The provider notes the injured worker has been attending physical therapy with some improvement of the knees. The provider is requesting authorization of continue physical therapy for the left knee to include laser 2 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy for the left knee to include laser, 2 times a week for 3 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Lower level Laser Therapy (LLLT), Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.