

<b>Case Number:</b>	CM15-0128204		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Hawaii

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 48-year-old male, who sustained an industrial injury on September 3, 2008, incurring low back, right knee and right ankle injuries. Lumbar Magnetic Resonance Imaging revealed disc protrusion and bulging with spinal stenosis. He was diagnosed with acute lumbar strain with multilevel stenosis, right knee meniscal tear and a right ankle ligamentous injury. He underwent lumbar laminectomy, right knee arthroscopy and right ankle reconstruction. Treatment included pain medications, anti-inflammatory drugs, and activity modifications. Currently, the injured worker complained of persistent pain in the lower back, right knee and right ankle. He noted decreased range of motion of the back, knee and ankle. The injured worker complained of pain in the lower back radiating down both legs and into his knees. The treatment plan that was requested for authorization included bilateral knee physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee physical therapy (12 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Medicine Section.

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

**Decision rationale:** The patient presents with pain affecting the bilateral knee and lumbar spine. The current request is for bilateral knee physical therapy (12 visits). The treating physician states in the report dated 6/10/15, "Request authorization for an additional physical therapy two times per week for six weeks to the bilateral knees." (40B) The MTUS guidelines states, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.