

<b>Case Number:</b>	CM15-0172690		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 58 year old male, who sustained an industrial injury on 8-12-13. The injured worker was diagnosed as having right shoulder bursitis and AC joint arthropathy; lumbar radiculopathy; lumbar herniated disc; lumbar spine sprain-strain; obesity; right knee internal derangement-compensable consequence. Treatment to date has included chiropractic therapy; acupuncture; physical therapy; home exercise program; medications. Diagnostics studies included X-ray bilateral knees (8-6-15). Currently, the PR-2 notes dated 8-6-15 indicated the injured worker complains of right knee pain. The provider documents "The patient has continued care under [provider]. Pain management specialist. He referred the patient to a chiropractor who has been providing him with adjustments to his lower back. He states that on or about 3-11 or 3-15-115, while receiving an adjustment, his right knee was pulled and twisted, and he experienced immediate right knee pain and swelling. He also began walking with a limp. He notified the provider of the incident and he is referred to my office for evaluation of the right knee." The provider documents current complaints: "The patient reports persistent low back pain. In his right knee, the patient describes constant pain that is at a 7 or 8 out of a scale of 1-10, where 10 is the highest level." The provider documents a physical examination: "the lumbar spine tenderness to palpation to the lumbosacral midline region. The patient experiences pain with flexion and extension movements, which is also limited. Examination of the right knee demonstrates tenderness to palpation over the popliteal area and medial patellofemoral area. The patient ambulates with a slight antalgic gait. There is crepitus noted upon patellofemoral compression testing, as well as joint effusion." X-ray examination of the bilateral knees (4 views) is

documented revealing "normal quality bone. No acute fractures or dislocations are seen. There is medial joint space narrowing on the left. The medial joint space measures 3.5mm on the right and 1.5mm on the left. The lateral joint space measures 6mm on both sides. The lateral view shows osteophyte formation, more on the left from the femoral condyles and patella but not on the right." The treatment plan includes a request for physical therapy directed to the right knee aimed at increasing range of motion, flexibility and endurance as well as help with activities of daily living and decreased pain and inflammation. If there is no improvement of the right knee, the provider suggests a MRI study. A Request for Authorization is dated 8-31-15. A Utilization Review letter is dated 8-25-15 and modified-certification for Physical Therapy twice weekly for the right knee, per 8-6-15 order quantity of 12 to authorization of a quantity of 8. Utilization Review modified the requested treatment using the CA MTUS Guidelines. The provider is requesting authorization of Physical Therapy twice weekly for the right knee, per 8-6-15 order Qty: 12.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy twice weekly for the right knee, per 8/6/15 order Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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) Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.