

<b>Case Number:</b>	CM15-0173757		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 41 year old female, who sustained an industrial injury on August 29, 2011 and reported left shoulder, left hip and low back pain, as well as increased left knee pain. The injured worker is diagnosed as having generalized osteoarthritis of bilateral knees, meniscus derangement (not otherwise specified) medial and lateral, post multiple partial meniscectomies and ankle-foot pain. Her work status is modified duty. Currently, the injured worker complains of bilateral knee pain with increased right knee pain, popping and occasional locking when ambulating. She is utilizing a cane for ambulation and stability. Physical examinations dated May 12, 2015-August 17, 2015 reveals muscle tone is within normal limits and musculoskeletal strength to bilateral lower extremities is 5 on 5. The right knee has joint line tenderness and is positive for McMurray test. Her left shoulder is painful with forward flexion and abduction; however, "she gives poor effort". The functional restoration program discharge note dated August 3-7, 2015 states the injured worker has made progress in her mental status, ability to engage in activities of daily living and overall ability to function over the 6 week program. Treatment to date has included MRI (bilateral knees and left shoulder), x-rays, left knee arthroscopy (2011, 2012 and 2013), physical therapy (provided some benefit for her left knee), medications (Naproxen, Norco provides a 30% decrease in pain that lasts for 6 hours, which improves her stamina and allows for increased walking tolerance, Nortriptyline, Pantoprazole), Functional Restoration Program (caused an increase in right knee pain; however, a note dated July 6-10, 2015 states there is overall improved range of motion, strength and functional improvement), and TENS unit (provides left shoulder pain relief). A request for

physical therapy (2x3) for the left knee is denied, due to recently completing a functional restoration program and subsequent physical therapy, per Utilization Review letter dated August 27, 2015.

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

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

**Physical therapy 2 x 3 for the left knee:** 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 patient presents with pain affecting the bilateral knees. The current request is for Physical therapy 2 x 3 for the left knee. The treating physician report dated 9/23/15 (5D) states, "She has made good progress with the 6 sessions of PT; therefore we do believe that additional 6 sessions should be authorized so that the patient can be transferred to a home exercise program. We do feel additional 6 supervised PT sessions are medically necessary prior to the independent exercise program." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received 6 sessions of physical therapy for the left knee recently. The patient is status post arthroscopy of the left knee on 12/04/2013 (12D). In this case, the patient has received at least 6 sessions of physical therapy to date and therefore the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. There is no clear documentation of a new flare-up of her symptoms and the IW completed an extensive functional restoration program from the requesting PTP. The current request is not medically necessary.