

<b>Case Number:</b>	CM15-0176306		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female, who sustained an industrial injury on May 11, 2013. The injured worker is diagnosed as having advanced arthritis of the bilateral knees. Her work status is full duty without restrictions. Currently, the injured worker complains of bilateral knee pain with grinding, catching and instability. Physical examinations dated May 4, 2015-July 23, 2015 revealed an altered gait and tenderness "about both knees". There is mild to moderate intra-articular effusion about both knees. Marked pain is elicited to palpation over the medial joint lines of both knees. No soft tissue swelling, bruising or muscle wasting is noted. No "abnormal genu varum, genu recurvatum, or genu valgum is present about either knee" and the "patellae of both knees are tracking smoothly within the trochleas of the femurs during flexion-extension arc of the knees". The patella grind test is positive with minimal to moderate patella crepitus. The quadriceps angle is within normal limits, leg length and circumferences are equal bilaterally. There is full range of motion in knees bilaterally. Treatment to date has included physical therapy, arthroscopic left knee surgery in July 2013 and right knee arthroscopic surgery September 2013, x-rays (per physician note dated May 4, 2015 shows moderate medial compartment osteoarthritis of the knees bilaterally), MRI (per physician note dated May 4, 2015 shows left knee medial meniscus tear). Per note dated July 23, 2015, the injured worker has experienced therapeutic failure to physical therapy, and ice therapy and bracing offered temporary relief. A request for physical therapy 12 sessions for the bilateral knees is denied as a "recent comprehensive examination of the knee was not provided to objectively document range of motion and strength deficits to support the need for skilled therapy" as well as clarification regarding any recent physical therapy sessions, the number of visits attended to date and the functional response to treatments, per Utilization Review letter dated August 21, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Physical therapy sessions for the bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (Acute and Chronic) Physical Medicine Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in May 2013 and continues to be treated for bilateral knee pain with a diagnosis of advanced osteoarthritis. Surgical treatments have included knee arthroscopies done in July and September 2013. Physical examination findings included an antalgic gait with mild to moderate joint fusions. The claimant has significantly decreased knee range of motion with pain and patellar crepitus. Authorization for a viscosupplementation injections series and physical therapy is being requested. In terms of physical therapy for arthritis of the knee, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not medically necessary.