

<b>Case Number:</b>	CM15-0176669		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/24/2015
<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: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old female worker who was injured on 4-22-2011. The medical records indicated the injured worker (IW) was treated for knee chondromalacia patella; knee arthralgia; knee lateral and medial meniscus tear. According to the progress notes (3-16-15), the IW had bilateral knee pain, 6 out of 10 on the left, and 3 out of 10 on the right. She complained of burning pain in the knee caps with prolonged walking. She was taking Soma she had left and using Voltaren gel. She was not working. She was walking for daily exercise. Medications included Celebrex, Lidoderm 5% patches, Percocet and Tramadol. The physical examination (3-16-15) noted minor synovial swelling in both knees and no effusion. Range of motion as 0 to 135 degrees with subpatellar crepitus bilaterally. There was slight diffuse knee tenderness. Treatment has included home exercise, heat and ice, topical analgesic, TENS unit, medications and cane use. A Request for Authorization was received for physical therapy evaluation and treatment three (3) times a week for four (4) weeks (12 sessions). The Utilization Review on 8-24-15 non-certified the request for physical therapy evaluation and treatment three (3) times a week for four (4) weeks because CA MTUS Chronic Pain Medical Treatment guidelines were already exceeded and the focus should be on a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Evaluation and treatment three times a week for four weeks: 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 requested Physical Therapy Evaluation and treatment three times a week for four weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral knee pain, 6 out of 10 on the left, and 3 out of 10 on the right. She complained of burning pain in the knee caps with prolonged walking. She was taking Soma she had left and using Voltaren gel. She was not working. She was walking for daily exercise. Medications included Celebrex, Lidoderm 5% patches, Percocet and Tramadol. The physical examination (3-16-15) noted minor synovial swelling in both knees and no effusion. Range of motion as 0 to 135 degrees with subpatellar crepitus bilaterally. There was slight diffuse knee tenderness. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy Evaluation and treatment three times a week for four weeks is not medically necessary.