

<b>Case Number:</b>	CM15-0065283		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 53 year old male who sustained an industrial injury on 6/28/14. He has reported injury to left forehead, left eyebrow, low back and right knee after he was working under a raised truck and the truck fell and struck him. The diagnoses have included cervical strain rule out disc herniation, lumbar strain, lumbar disc bulge, right lower extremity (RLE) radicular pain and numbness, right knee strain with iliotibial band strain, and medial bursitis of the right knee or soft tissue ganglion formation. Treatment to date has included medications, diagnostics, physical therapy, home exercise program (HEP), transcutaneous electrical nerve stimulation (TENS), heat/ice, rest, activity modifications, bracing and other modalities. The Magnetic Resonance Imaging (MRI) of the right knee was done on 9/3/14. Currently, as per the physician progress note dated 3/9/15, the injured worker complains of neck, lower back and right knee pain. The pain was rated 6-7/10 on pain scale and is aggravated by the weather and alleviated by medications, rest, and ice. The injured worker was not working at the time of the exam. The objective findings of the lumbar spine revealed tenderness bilaterally, decreased and painful range of motion and positive sitting straight leg raise in the right lower extremity (RLE). The right knee exam revealed tenderness, crepitation with range of motion and positive valgus and varus stress tests. The physician noted that based on the persistent pain and symptomology as well as the pathology in the Magnetic Resonance Imaging (MRI) studies he would like physical therapy to increase functionality and decrease pain. He will continue with the transcutaneous electrical nerve stimulation (TENS) which is somewhat beneficial with pain management. The physician requested treatment included Physical therapy for the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section: PT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical strain; lumbar strain; lumbar disc bulge; right lower extremity radicular pain and numbness; right knee strain with iliotibial band strain; and medial bursitis or soft tissue ganglion formation of the right knee MRI. The request in the medical record, dated March 4, 2015, is for physical therapy to the lumbar and right knee for two times per week for six weeks. The documentation in the medical record dated November 6, 2014 progress note shows the injured worker received minimal relief from treatment to date. The treating physician is requesting physical therapy to the right knee two times per week for six weeks. The guidelines recommend a six visit clinical trial. The treating provider's request is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation according to guideline recommendations for a six visit clinical trial, physical therapy to the right knee (two times per week times six weeks) is not medically necessary.