

<b>Case Number:</b>	CM15-0070543		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 2/05/2013. She reported a slip and fall, landing on her right side. The injured worker was diagnosed as having sprain/strain of unspecified site of knee and leg. Treatment to date has included diagnostics, left knee surgery in 11/2014, right shoulder surgery in 1/2015, physical therapy, and medications. Several documents within the submitted medical records are difficult to decipher. Currently, the injured worker complains of left knee pain rated 6/10, right knee pain rated 10/10, left shoulder pain rated 7/10, cervical pain rated 10/10 and lumbar pain rated 10/10. Medication use included Naproxen, Prilosec, and Norco. The treatment plan included magnetic resonance imaging of the right knee and 12 additional post-operative physical therapy sessions for the left 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 bilateral knees, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical Therapy.

**Decision rationale:** The requested Physical Therapy for the bilateral knees, twice a week for six weeks, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and Official Disability Guidelines, Knee, Physical Therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has left knee pain rated 6/10, right knee pain rated 10/10, left shoulder pain rated 7/10, cervical pain rated 10/10 and lumbar pain rated 10/10. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy for the bilateral knees, twice a week for six weeks is not medically necessary.