

<b>Case Number:</b>	CM15-0071934		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 female, who sustained an industrial injury on 10/05/2012. She reported being bumped into and falling. The injured worker was diagnosed as having degenerative arthritis (left knee greater than right knee), polio (right lower extremity), and offloading injury from the left to right knee, secondary to work injury. Treatment to date has included conservative measures, including diagnostics, Hyalgan injections, and medications. Currently (1/07/2015), the injured worker complains of bilateral knee pain. She was ambulating with a cane for the previous 2 years and her gait was antalgic. The physician referenced review of records, including physical therapy notes. Dates or results of treatment were not noted. She was currently working. The treatment plan included medications and physical therapy x6 sessions for the bilateral knees. The progress report, dated 8/18/2014, also noted treatment by conservative means, including medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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 six sessions for the bilateral knees 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 degenerative arthritis, left greater than right; polio right lower extremity; offloading injury from left to right knee secondary to work injury October 5, 2012. The most recent progress note in the medical records dated January 7, 2015. The injured worker complains of bilateral knee pain. In preparation for the office visit, the treating provider reviewed the medical record. There were no physical therapy notes in the medical record. The total number of physical therapy sessions was not documented. The injured worker received three hyaluronic acid injections. An MRI showed degenerative arthritis. The injured worker ambulates with a cane and has been working full-time. There is no clinical indication or rationale in the medical records indicating physical therapy is necessary. Additionally, there is no documentation as to when physical therapy was last rendered to the injured worker. Consequently, absent clinical documentation with a clinical indication and rationale, along with past medical records including total number of physical therapy sessions and objective functional improvement, physical therapy six sessions of bilateral knees is not medically necessary.