

<b>Case Number:</b>	CM15-0079802		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 37 year old female who sustained an industrial injury on 10/25/12 when she was running down an escalator in her line of duty when she fell in the squatting position and felt a "pop" in her right knee and soreness in her left knee. She currently complains of right knee achiness, stiffness, pain and mechanical symptoms of bucking and locking; the left knee exhibits medial sided achiness, stiffness and pain. Medications are Duexis, Tramadol. Diagnoses include status post-diagnostic and operative arthroscopy and revision arthroscopy with no lasting relief; left knee pain. Treatments to date include Synvisc injection to her left knee with benefit but symptoms persist; compression sleeve brace left knee; rest; ice; physical therapy; anti-inflammatories and analgesics. Diagnostics include MRI of the right and left knees (11/26/14) with positive findings. In the progress note, dated 3/17/15 the treating provider's plan of care includes a request for 12 sessions of physical therapy for bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk 6wks Qty 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. 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 October 2012 and continues to be treated for bilateral knee pain. She has undergone two arthroscopic surgeries of the right knee for the treatment of chondromalacia. Case notes reference completion of a total of 36 physical therapy treatment sessions. When seen, she had undergone a Synvisc injection at the previous visit, which had been somewhat helpful. Physical examination findings included bilateral knee tenderness with decreased strength and positive patellofemoral grind testing with crepitus and joint line tenderness. Guidelines recommend up to 9 treatment sessions over 8 weeks for this condition when treated medically and 12 treatment sessions over 12 weeks when treated surgically. In this case, the claimant has already had in excess of the recommended number of treatments, which would have included instruction in a home exercise program. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.