

<b>Case Number:</b>	CM15-0093140		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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 67 year old male, who sustained an industrial injury on 1/7/2012. He reported right knee pain and swelling. Diagnoses have included status post bilateral knee arthroplasty, lumbago, lumbar facet dysfunction and musculoligamentous lumbosacral strain. Treatment to date has included epidural steroid injection, surgery, physical therapy, lumbar radiofrequency ablation and medication. According to the progress report dated 3/25/2015, the injured worker reported that right knee pain had improved since starting physical therapy. He also had improved back pain following an epidural steroid injection. Objective findings revealed range of motion of the right knee flexion 130 degrees and extension lacked 10 degrees from full extension. Authorization was requested for additional physical therapy to the lumbar spine and the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 6 weeks to the lumbar spine and right knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 and 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in January 2012 and continues to be treated for low back and knee pain. He underwent a revision right knee replacement after being treated for an infected prosthesis. For the low back, treatments have included medial branch radiofrequency ablation and epidural steroid injections. When seen, there had been benefit from recent physical therapy. There was decreased right knee range of motion. Authorization for additional physical therapy sessions was requested. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The claimant would be best served by performing a daily home exercise program rather than relying on treatments during therapy sessions. Therefore additional physical therapy is not medically necessary.