

<b>Case Number:</b>	CM15-0095795		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 55-year-old male, who sustained an industrial injury on January 25, 2013. Treatment to date has included physical therapy, surgery to the low back, and medication. Currently, the injured worker complains of neck pain, low back pain, hip pain, and bilateral knee pain. The injured worker reports that his therapy is helping with the pain, flexibility and range of motion and strength. His neck pain and low back pain are rated a 4 on a 10-point scale, his right knee pain is rates a 5 on a 10-point scale and has associated popping and his left knee pain is rated a 2 on a 10-point scale with associated popping. The diagnoses associated with the request include musculoligamentous sprain of the cervical spine with disc bulges, musculoligamentous sprain of the lumbar spine, internal derangement of the left hip, left hip arthrosis, bursitis of the left knee, medial meniscus right knee tear and osteoarthritis of bilateral knees. The treatment plan includes physical therapy, right knee arthroscopy, mediation and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy to increase range of motion and strengthen the bilateral knees, twice a week for eight weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The California MTUS and ACOEM do not directly address the requested service. The ODG states transportation to and from appointments is recommended when medically necessary (transportation to appointments in the same communities for patients with disabilities preventing them from self-transport). There is no indication the patient is unable for public transportation or family assistance with transportation and therefore the request is not medically necessary.