

<b>Case Number:</b>	CM14-0154951		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 73 year old female with a date of injury on 10/20/2013. As per the report of 9/24/14, she complained of bilateral knee pain and contusion after she had a fall. She described the discomfort as moderate in severity. Her symptoms have been stable and non-progressive. The knees were affected and there were associated symptoms including swollen joints. She characterized the pain as intermittent, moderate in severity, dull, and aching. On examination, her gait was affected by a right leg limp, crepitus, tenderness, and effusion. Tenderness was noted over the medial joint line of both knees. Extension was 160 degrees and flexion was 100 degrees. Her current medications include Atenolol. She has tried ibuprofen with some relief. On 03/10/14, she indicated that her knee pain has gotten a little worse since her last visit. On 03/24/14, her reported symptoms for bilateral knee pain were the same as her previous visit. On 04/09/14, she was recommended to get conservative care. On 05/21/14, she was minimally improved. Physical therapy was approved for the right knee but not for the left. On 05/19/14, she was unchanged as per her bilateral knee pain. She has not been approved for bilateral knee physical therapy and was getting depressed due to her chronic pain. On 05/26/14, she had moderate bilateral knee pain. She still had not been approved for physical therapy. On 06/16/14, she indicated improvement with decreased knee pain bilaterally. On 07/12/14, she indicated walking about 20 minutes daily. Her condition on the last visit on 08/27/14 remained unchanged. Diagnoses include contusion of knee and bilateral knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Continued Physical Therapy sessions for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Physical Medicine Treatment

**Decision rationale:** As per California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per Official Disability Guidelines, physical therapy is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical physical therapy; 12 visits over 12 weeks. In this case, there is no record of previous physical therapy in the progress notes with documentation of improvement in the objective measurements, in order to demonstrate the efficacy of this modality in this injured worker. At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional physical therapy will exceed the number of recommended physical therapy visits. Therefore, the requested eight (8) Continued Physical Therapy sessions for the right knee are not medically necessary and appropriate.