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| <b>Case Number:</b>   | CM13-0001043 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/02/2006 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 07/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2013 |

### 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 Orthopedic Surgery and is licensed to practice in Maryland. 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 37 year old male whose date of injury is 09/02/2008. The mechanism of injury is described as repetitive trauma. The injured worker sustained multiple injuries while playing professional football to include right knee meniscus tear, left knee patellar tendon tear, left shoulder injury. Follow up note dated 03/27/13 indicates that he complains of neck pain, back pain, bilateral knee pain and ankle pain. He underwent left knee arthroscopy in 2001, left knee patellar tendon repair in 2004, right patellar debridement in 2000, and right knee arthroscopy in 2001. Physical therapy, 3 times a week for 4 weeks, bilateral shoulders and bilateral heels, and physical therapy, 3 times a week for 4 weeks, for cervical, thoracic, back, and bilateral knees had been requested and denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, BILATERAL SHOULDERS AND BILATERAL HEELS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 99

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES MANUAL THERAPY AND  
MANIPULATION Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 3 times a week for 4 weeks is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review as the most recent note provided is from March 2013. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided. The request is not medically necessary or appropriate.

**PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, FOR CERVICAL, THORACIC, BACK, AND BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 99

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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