

<b>Case Number:</b>	CM13-0008969		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left knee pain reportedly associated with an industrial injury of August 23, 2012. Thus far, the applicant has been treated with the following: analgesic medications, a partial lateral meniscectomy surgery, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy over the life of the claim, reportedly 12 plus sessions per the claims administrator and reported return to regular duty employment. In the July 26, 2013, utilization review report, the claims administrator partially certified three additional sessions of physical therapy. As opposed to citing MTUS Guidelines, the claims administrator chose to cite a non-MTUS Guideline, the ODG reference. Outdated references to the 2007 MTUS 9792.20 definitions topic were also cited. The applicant's attorney later appealed, on August 7, 2013. An earlier progress note of August 1, 2013, is notable for comments that the applicant was returned to modified duty work. On September 23, 2013, it was stated that the applicant was getting stronger and had essentially returned to regular duty work with the exception of negotiating hills. Finally, on October 4, 2013, the applicant was asked to do home exercises and return to regular duty employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) visits per week for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99-127.

**Decision rationale:** In this case, the individual circumstances in the applicant's case and care do suggest that he did successfully transition to a home exercise program of his own accord. Continuing physical therapy in the 12-session course proposed by the attending provider would, in and of itself, have represented treatment beyond the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. A review of the file suggests that the applicant did not have significantly profound deficits on or around the dates in question so as to justify such treatment in excess of the guideline. Therefore, the request is not certified.