

<b>Case Number:</b>	CM13-0015528		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of April 9, 1996. A utilization review determination dated July 23, 2013 recommends non-certification of physical therapy 2 times a week for 5 weeks. Non-certification of physical therapy was recommended due to lack of documentation of objective functional improvement from the therapy provided and minimal documentation of ongoing functional deficits. An MRI of the left knee is recommended for certification. A physical therapy progress report dated June 27, 2013 includes subjective complaints indicating improvement for the left knee with reduced locking during walking and pivoting, improve range for bending, with ongoing weakness. The note indicates that between May 2013 and June 2013 the patient's ability to walk may have improved slightly. The range of motion has been reduced from June 20, 2013 to June 27, 2013. The treatment plan recommends additional physical therapy 2 times a week for 5 weeks. A progress report dated July 10, 2013 indicates that physical therapy is causing increased pain. Physical examination identifies severe pain with left patella ballottement and compression. The recommendation is for a magnetic resonance imaging (MRI) study of the left knee to examine the patella and the meniscus as well as physical therapy to the left knee with taping of the need for tracking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FIVE (5) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG recommends a maximum of nine physical therapy visits over 8 weeks for the medical treatment of meniscus injuries and patellar dislocations. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. It does not appear the patient made significant objective functional improvement as a result of the previous physical therapy sessions. It is acknowledged, that the requesting physician has asked for additional therapy to instruct the patient in appropriate taping technique. However, 10 visits would not be required for such instruction. Additionally, an MRI has recently been authorized, and it seems reasonable to await the outcome of this MRI prior to embarking on any additional physical therapy. Additionally, the currently requested number of physical therapy visits exceeds the maximum number recommended by guidelines for this patient's diagnoses. As such, the currently requested additional physical therapy is not medically necessary.