

<b>Case Number:</b>	CM13-0016271		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/11/2004
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/26/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 38 year old female who reported an injury on 09/11/2004. The mechanism of injury was not submitted. The patient was status post left knee surgery. The patient continued to complain of pain to bilateral knees and low back. The clinical documentation dated 05/10/2013 stated the patient underwent excision of cyclops lesion of the left knee and open medial patellofemoral realignment on 10/24/2012. The physical examination revealed range of motion from 0 to 125 degrees flexion, 5-/5 motor strength of her quadriceps and hamstring musculature, tenderness on palpation to the parapatellar but normal patellofemoral alignment and mobility. The physical therapy note dated 07/26/2013 reported the patient had 5/5 knee extension and flexion, pain rated 2/10 with catching in the knee. The patient had was mildly limited with function with the knee, walked ½ mile with no limp with a positive Anterior Drawer and Lachman's to the right knee. The progress noted dated 08/14/2013 states the patient continued to complain of pain to bilateral knees and the feeling of the knees "giving way, buckling" and swelling. The patient complained of low back pain due to the knees and stuttered gait. The case notes indicate the patient has had 36 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for the right knee and low back:** Upheld

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

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

**Decision rationale:** The California MTUS recommend post-surgical physical therapy at 24 visits over a 16 week period for ACL surgery. The patient continued to complain of bilateral knee pain status post left knee surgery on 10/24/2012 and low back pain due to the stability of the bilateral knees. The guidelines state in the absence of any cure for the patient who continues to have pain that persists beyond the anticipated time of healing, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The clinical documentation submitted for review does not indicate if the patient is participating in a home exercise program as recommended by the guidelines. The clinical documentation indicated the patient's pain is 2/10 and that the muscle strength in bilateral legs on 07/26/2013 was 5/5. No range of motion was indicated. The clinical documentation does not show substantial functional deficits to warrant continued physical therapy. Also, the patient had 36 sessions of physical therapy. Therefore, the request exceeds the recommended visits. The California MTUS recommends physical therapy for the low back pain for restoring flexibility, strength, endurance, function, range of motion, to aid in alleviating discomfort. The patient complained of low back pain due to the instability of the bilateral knees. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. However, no clinical documentation was submitted to indicate or if the patient was recommended a home exercise program or what conservative treatment the patient may have undergone for the low back. Given the lack of documentation to support guidelines criteria, the request is non-certified.