

<b>Case Number:</b>	CM13-0022271		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation, has 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 was a 48 year old male with complaints of right foot and right knee pain. The patient was seen on 07/02/2013 for a flare-up of his right knee. The patient was noted to have hypertonicity and edema in the right anterior knee. The patient noted relief with treatment performed same day. The patient was seen on 09/21/2013 for right foot injury. The patient was noted to have tenderness to palpation over the lateral foot and ankle. The physical examination had no findings documented in regard to the patient's right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision For Physical Therapy, Right Knee, 2xwk X 6wks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Physical Therapy, right knee, 2Xwk X 6wks is non-certified. Physical therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion by guidelines. There was no current documentation submitted for review with objective findings of functional deficits. The patient was seen on 09/21/2013 for his right foot

and there were no complaints regarding his right knee. The last documented complaints submitted for review regarding the right knee were dated 07/02/2013. It is additionally noted the patient participated in 21 sessions of physical therapy for his right knee per case notes. However, the outcome of the sessions was not submitted for review. The guidelines recommend up to 10 visits of physical therapy. Therefore, the request for 12 additional visits exceeds guideline recommendations. Given the information submitted for review the request for Physical Therapy, right knee, 2xwk x 6wks is non-certified.