

<b>Case Number:</b>	CM13-0025713		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Internal 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 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 60 year old female who sustained an injury to her right knee on 03/23/06 after a slip and fall injury. There was no mention that a surgical intervention has been performed. There were no diagnostic imaging studies provided for review. Treatment to date has included physical therapy and treatment with medications. The patient rated her pain at 6-7/10 VAS that occurs bilaterally in her shoulders, upper extremities as well as her right and low back. Current medications included Naproxen and Omeprazole. Physical examination of the right knee noted positive swelling; positive genu valgum; medial joint line tenderness positive; lateral joint line tenderness positive; positive patellofemoral facet tenderness; range of motion flexion 135 and extension 0.

### 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 6 WEEKS FOR THE RIGHT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Medicine Treatment.

**Decision rationale:** The request for physical therapy 3 times a week for 6 weeks for the right knee is not medically necessary. The records indicate that the injured worker has been treated with an unspecified amount of physical therapy visits to date. The ODG recommends up to 12 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information that supports the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy 3 times a week for 6 weeks for the right knee has not been established. The request is not medically necessary and appropriate.