

<b>Case Number:</b>	CM13-0026070		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 28-year-old male who reported an injury on 10/16/2012 with a mechanism of injury being the patient slipped and fell on his right side while holding a bucket of ice. The diagnoses were noted to include right knee sprain, persistent pain and mechanical symptoms right knee internal joint derangement, healed right ankle lateral malleolus fracture and syndesmosis injury, and retained syndesmosis screw in ankle internal fixation post open reduction and internal fixation. The request was made for physical therapy 3 times a week times 4 weeks for the right knee and ankle.

### 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 times 4 weeks for the right knee and ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation ODG Knee & Leg;

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

**Decision rationale:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The patient was noted to have motor strength of 5/5. The patient was noted to have normal physiologic tibiofemoral angles bilaterally and weight-bearing alignment was normal bilaterally. The patient was noted to have slight 1+ right knee swelling and joint effusion. There was noted to be tenderness to palpation over the right lateral joint line and right peripatellar tenderness. The patient's range of motion was noted to be 180 in extension and in flexion 110 on the right and 120 on the left. This patient was noted to have no deformity or malalignment upon inspection of the ankle foot. The clinical documentation submitted for review failed to provide the necessity for 12 visits for the right knee and ankle. Additionally, the patient's injury was noted to have been reported in 2012 and as such, the patient should be well versed in a home exercise program. Additionally, clinical documentation submitted for review failed to provide documentation of functional deficits to support the necessity for physical therapy. Given the above, and the lack of documentation, the request for physical therapy 3 times a week times 4 weeks for the right knee and ankle is not medically necessary.