

<b>Case Number:</b>	CM13-0026538		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 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 49-year-old female who reported an injury on 07/04/2012 secondary to a fall. The patient is diagnosed with chondromalacia patellae, osteoarthritis of the lower leg, dislocation of the knee, pain in a joint, and contusion of the knee. The patient was seen by [REDACTED] on 09/05/2013. The patient reported no improvement with previous treatment. Physical examination revealed marked quadriceps weakness with diminished range of motion. Treatment recommendations included a resumption of land physical therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Land therapy (2) times a week for (4) weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state 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. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The patient has

completed an extensive amount of physical therapy to date. However, documentation of objective measurable improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.