

<b>Case Number:</b>	CM13-0029396		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/29/2005
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 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 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 61-year-old female who sustained a work-related knee injury on 10/29/2005. The patient was noted to have been treated unsuccessfully with conservative care and subsequently underwent right knee arthroscopy. The Primary Treating Physician's Permanent and Stationary Report dated 06/21/2013 indicated a diagnosis of regional pain syndrome to the medial aspect of the right knee and interstitial partial tear of the semi-membranous tendon. Additionally, the patient was declared permanent and stationary at that time. A request for authorization for medical treatment in the form of physical therapy was submitted by [REDACTED] on 08/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 8 weeks to the right knee:** Upheld

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

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

**Decision rationale:** CA MTUS Physical Medicine Guidelines indicate physical therapy sessions should allow for fading of treatment frequency, and an active self-directed home exercise program should be incorporated. Additionally, physical therapy for unspecified radiculitis or

neuritis includes 8 to 10 visits over 4 weeks, and reflex sympathetic dystrophy physical therapy includes 24 visits over 16 weeks. The most recent evaluation dated 06/21/2013 documented the patient to be permanent and stationary. Additionally, with no clinical information prior to 06/21/2013 submitted for review with documentation of subjective complaints, objective findings, or functional deficits, there is no indication for additional physical therapy treatment. As such, the request for physical therapy 2 times a week for 8 weeks to the right knee is non-certified.