

<b>Case Number:</b>	CM13-0030064		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 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 subacromial 38 year-old male who reported an injury on 08/03/2012. The patient is diagnosed with status post Broström lateral ankle reconstruction, ankle pain, and knee pain. The patient was seen by [REDACTED] on 10/16/2013. Physical examination revealed diminished strength, limited range of motion of the ankle with 15 degrees dorsiflexion and 30 degree plantar flexion, tenderness to palpation over the patellar tendon at the medial collateral ligament, full range of motion of the left knee, 4/5 strength, and intact sensation. Treatment recommendations were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the left knee 3 times per week for 4 weeks (12 visits): 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance,

function, range of motion, and can alleviate pain. Guidelines allow for a fading of treatment request plus active self-directed home physical medicine. Official Disability Guidelines state treatment for pain in a joint includes 9 visits over 8 weeks. As per the clinical notes submitted, the patient's latest physical examination revealed full range of motion of the left knee with 4/5 strength and intact sensation. Documentation of a significant musculoskeletal or neurological deficit was not provided. Additionally, the current request for 12 sessions of physical therapy exceeds guideline recommendations for a total duration of treatment. Medical necessity has not been established. Therefore, the request is non-certified.