

<b>Case Number:</b>	CM13-0033406		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of April 3, 2012. A utilization review determination dated September 27, 2013 recommends modified certification of additional physical therapy for the right knee. Modified certification was recommended since the patient has completed 14 prior physical therapy visits. A progress report dated November 19, 2013 identifies subjective complaints of right knee pain. The patient complains of pain rated as 4/10. The note indicates that the patient is unable to climb one flight of stairs and that her sleep is interrupted by pain. Physical examination identifies unrestricted knee range of motion with no tenderness to palpation and negative orthopedic tests. There is an area of numbness over the previous surgical site. Diagnoses include contusion of the right knee, numbness of the right knee, and staining of the skin. The treatment plan states that the patient is permanent and stationary with "nothing else to offer." Future medical care recommends assessment by a plastic surgeon due to the knee staining.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS FOR THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 12 therapy visits for sprains and strains of the knee. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.