

<b>Case Number:</b>	CM13-0033648		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/05/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 & Rehabilitation and is licensed to practice in Arizona. 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:

The patient is a 42-year-old male with a date of injury on 8/05/09. He has history of back and right knee pain since the work-related injury. He received physical therapy in 2012 and 2013. The treating physician recommended additional physical therapy for the knee; 3 times a week for 4 weeks. Previous reviewer did not certify the need for physical therapy. Records from the treating physician's office did not clearly specify the indications and goals of physical therapy. Details of the examination were not provided. This patient has undergone significant management of the lower back problems felt to be due to disc degeneration, thoracic area strain and he has also undergone treatment for right shoulder impingement and work-related psychological issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TREATMENT TO THE LEFT KNEE FOR 12 SESSIONS, 3 TIMES A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** There is no detailed examination of the knee joint within the medical records provided for review. Clear-cut indications and the need for physical therapy are not available, and goals of physical therapy have not been discussed in the submitted medical records. Therefore, physical therapy does not appear to be indicated since the patient has previously undergone physical therapy in 2012 and 2013 without much improvement. The request is not medically necessary and appropriate.