

<b>Case Number:</b>	CM13-0042107		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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, 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 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:

This is a female patient with the date of injury of May 11, 2007. A utilization review determination dated September 18, 2013 recommends non-certification for physical therapy 2X4 for the left knee. A progress report dated February 28, 2013 indicates that the patient has undergone physical therapy which was very helpful. She was educated on activity modification and a home exercise program. A progress report dated November 7, 2013 indicates that the patient continues to have pain and swelling affecting her left knee. She also has pain in the low back due to compensatory gait associated with her left knee injury. She has been self treating with icing, aspirin, and water aerobics 3 to 4 times per week. Physical examination states, "Clinical examination remains unchanged with symptoms consistent with lumbar strain, post traumatic arthritis of the left knee with an osteochondral defect, and right ankle osteochondral defect." Treatment plan recommends continuing an independent home exercise program for strengthening, and formalized physical therapy on a nonindustrial basis. A progress report dated August 30, 2013 indicates that the patient continues to have difficulty getting up from a seated position with pain and swelling in the right ankle. The patient continues water aerobics with benefit. Physical examination identifies full range of motion of the left knee with weakness in the quadriceps and hamstrings graded at 4/5 strength. Assessment includes left knee posttraumatic arthritis and osteochondral defect. The treatment plan recommends 8 sessions of physical therapy to implement a strengthening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for four weeks for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The Physician Reviewer's 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. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. The requesting physician has indicated that the patient is utilizing an aquatic exercise program. There is no indication that the physician has attempted to modify the exercise program, transition the patient to a land based exercise program, or discussed with the patient in detail what the exercise program entails, in order to effect the strengthening for which he is requesting the current physical therapy. Finally, it is unclear why the patient would require a physical therapy sessions to implement a strengthening program. The patient has reportedly been instructed in the use of a home exercise program previously. In the absence of clarity regarding those issues, current request for additional physical therapy is not medically necessary.