

<b>Case Number:</b>	CM13-0042360		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Medicine 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 male patient with a date of injury of May 13, 2013. A utilization review determination dated September 18, 2013 recommends noncertification of outpatient physical therapy 2 times a week for 4 weeks for the left knee. Noncertification is recommended due to lack of documentation of symptomatic or functional improvement from previous therapy sessions. A progress report dated November 7, 2013 identifies subjective complaints indicating left knee pain with popping. Objective findings identified no change. Diagnosis states knee pain. Treatment plan states refill medication. A progress report dated December 6, 2013 identifies subjective complaints which are not listed. Diagnoses include left knee meniscal tear and patellofemoral disorder. Objective examination findings are not listed. The treatment plan recommends 8 visits of physical therapy, a TENS unit, and extracorporeal shock wave therapy. A progress report dated November 19, 2013 indicates that the patient has no pain in the left shoulder, arm, left elbow, forearm, and left hand/wrist. The note indicates that the patient feels he can resume all activities except lifting over 35 pounds. A request for physical therapy dated September 12, 2013 indicates that the patient has undergone 18 therapy visits thus far. A physical therapy progress report dated September 12, 2013 indicates that the patient has made minor improvements in range of motion and strength in regards to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee (8 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 337-338. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**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 significant objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the currently requested 8 sessions along with the previous 18 sessions exceed the maximum number of therapy sessions recommended by guidelines for this patient's diagnosis. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.