

<b>Case Number:</b>	CM13-0042999		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Family Practice and is licensed to practice in 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 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 41-year-old male who reported an injury on 09/20/2013. The mechanism of injury was a fall. The patient was diagnosed with status post right knee surgery and a cruciate ligament sprain. The patient participated in 34 visits of physical therapy as of 10/11/2013. The patient rated his pain at 5/10. The patient reported the pain wakes him at night. Muscle testing of the right knee was 4/5. Extension lag was 10 degrees. Active range of motion with the right knee was 5 degrees to 118 degrees and passive range of motion was 5 degrees to 118 degrees with less pain. The patient was recommended additional physical therapy at 12 visits for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE, THREE TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** California MTUS/ACOEM do not address the request. The Official Disability Guidelines recommend physical therapy at 12 visits over 8 weeks for sprains and

strains of the cruciate ligament of the knee. The patient participated in 34 visits of physical therapy. The request for 12 additional physical therapy visits, 3 times a week for 4 weeks, exceeds the guideline's recommendation. Also, the documentation submitted for review does not show the patient is participating in a home exercise program. Given the lack of documentation to support guideline criteria, the request is non-certified.