

<b>Case Number:</b>	CM13-0047033		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 59 to male who sustained a work related injury on 12/07/2007. He fell while getting on a forklift sustaining bilateral knee injuries. He has diagnoses of bilateral knee pain s/p right knee arthroscopy 09/30/2008, and low back pain. On exam he complains of numbness in both knees and upper and lower back pain. Left knee demonstrates extension strength of 4/5 and there is decreased lumbar spine range of motion. He has been treated with medical therapy and previous physical therapy. The treating provider has requested physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic pain conditions. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant had completed physical therapy after his right knee arthroscopy in 2008. There are no new physical exam findings and no indication that further physical therapy would prove beneficial. Medical necessity for the requested physical therapy has not been established. The requested service is not medically necessary.