

<b>Case Number:</b>	CM13-0053515		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Emergency 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 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 31-year-old female who was injured on March 4, 2013. The patient continued to experience pain in her right knee. The physical examination was notable for decreased range of motion in the right knee, with normal lower extremity neurovascular status. The diagnosis was sprain of right knee. The treatment included physical therapy and medications. The patient had 12 sessions of physical therapy in March and April of 2013 with benefit. The request for authorization for physical therapy to the right knee twice weekly for 4 weeks was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities

such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The total recommended number of visits for myalgia and myositis unspecified is 9-10 visits over 8 weeks. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the patient had received 12 physical therapy sessions. The number of visits requested is 8, bringing the total number of visits to at least 20. This surpasses the recommended number of 9-10 visits. The request should not be authorized.