

<b>Case Number:</b>	CM13-0054169		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/19/2004
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic Medicine, and is licensed to practice in Georgia. 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 52-year-old gentleman injured on 1/19/04. The clinical records specific to the claimant's left knee included a recent orthopedic assessment on 10/16/13 by [REDACTED] noting a current diagnosis of status post arthroscopic intervention with partial synovectomy on 05/16/12. It documented that the claimant continued to have pain. The only physical examination provided was for the right shoulder. There was no documentation of a left knee examination performed. The claimant's working diagnosis was status post arthroscopic intervention with continued complaints of pain. The recommendations were for continuation of physical therapy for eight additional sessions to the left knee. Other forms of recent treatment were identified as a corticosteroid injection, a neoprene sleeve, and a recent course of eight physical therapy sessions in 2013. It was also documented that since the time of injury, the claimant has completed over 125 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice per week for four weeks for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Guidelines, physical therapy for the left knee two times a week for four weeks would not be recommended. It is documented that the claimant has already undergone a significant course of physical therapy since the time of operative intervention in 2012. At present, there is no documentation on physical examination of a functional deficit or documentation why additional formal physical therapy would be indicated instead of transition to an aggressive home exercise program. Given the amount of therapy already utilized, lack of physical exam findings, and time frame from the surgical process, the request in this case shows no indication of medical need according to the guidelines. The request for physical therapy, twice per week for four weeks for the left knee, is not medically necessary or appropriate.