

<b>Case Number:</b>	CM13-0061342		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/27/2000
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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 patient is a 49 year old man who sustained a work related injury on April 27, 2000. He subsequently developed chronic knee pain and underwent right knee surgery. The patient was treated with at least 42 sessions of physical therapy after surgery. According to a note dated on November 5, 2013, the patient continued to have lack of strength in the right knee. His physical evaluation concluded that there are right knee impairments that prevent this patient from performing his activities of daily living. The provider requested authorization for additional right knee physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right knee (3 times per week for 4 weeks): 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): 32-33 and 171.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, 12 physical therapy visits over 12 weeks are recommended after knee surgery. The patient underwent at least 42 physical therapy sessions after his knee surgery. There is no documentation of right knee

functional improvement and the patient continued to have difficulties with activities of daily living. Therefore, the requested additional physical therapy for the right knee is not medically necessary or appropriate.