

<b>Case Number:</b>	CM13-0067455		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 injured worker is a 54-year-old whose date of injury is March 26, 2013. On this date the injured worker sustained a strain to the left knee while assisting a resident to use a bed pan. The injured worker underwent left knee surgery on August 1, 2013. Orthopedic report dated November 15, 2013 indicates that the injured worker has completed 6 physical therapy visits. Diagnosis is left knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** There is insufficient clinical information provided to support this request. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker's compliance with an active home exercise program is not documented.

Chronic Pain Medical Treatment Guidelines would support one to two visits every four to six months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. Therefore, the request for twelve sessions of physiotherapy is not medically necessary or appropriate.