

<b>Case Number:</b>	CM14-0000921		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 03/06/2010 due to a slip and fall, which reportedly caused injury to her right arm, right knee, and lumbar spine. The injured worker ultimately underwent surgical intervention in 10/2010, followed by postoperative physical therapy. Postsurgical care included acupuncture, injection therapy, cognitive behavioral therapy, and multiple medications. There was no recent clinical evaluation by the requesting physician to support the need for the requested service. The most recent evaluation was dated 10/15/2013 and provided by the injured worker's treating psychiatrist. It was documented that the injured worker was diagnosed with mood disorder due to orthopedic condition and pain disorder with psychological factors. A request was made for physical therapy; however, no justification for the request was provided.

### 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, 8 VISITS:** Upheld

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

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

**Decision rationale:** The requested physical therapy for the right knee for 8 visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker previously underwent surgical intervention, followed by postsurgical physical therapy. However, there was no recent clinical documentation to support deficits that would benefit from further treatment. Additionally, there was no documentation that the injured worker is not and cannot participate in a home exercise program. As there was no documentation submitted for review by the requesting provider to support the need for physical therapy, the appropriateness of the request cannot be determined. As such, the requested physical therapy for the right knee for 8 visits is not medically necessary or appropriate