

<b>Case Number:</b>	CM14-0002485		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/23/2007
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine & Rehabilitation 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 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 50 year old male with an injury reported on 1/23/2007. The mechanism of injury was not provided in clinical documentation. The clinical note dated 11/21/2013, reported the injured worker complained of bilateral knee pain, right worse than the left. The injured worker described the pain as stabbing in quality and rated an 8/10 per visual analog scale. Per the examination note the injured worker reported tenderness per palpation of the right knee, the right knee range of motion was restricted by pain in all direction. The injured worker's diagnoses included left knee sprain/strain, left knee pain, status post left knee surgery, right knee pain, right knee sprain/strain, status-post right knee surgery and history of right knee Baker cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE:**

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.

**Decision rationale:** the injured worker complained of bilateral knee pain, right worse than the left. The injured worker described the pain as stabbing in quality and rated an 8/10 per visual

analog scale. The injured worker stated having physical therapy which did help. According to the California MTUS guidelines, Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. There was a lack of clinical information for range of motion to bilateral knees. Per clinical information provided it was noted that the right knee range of motion was restricted by pain in all directions; however, it was also noted that the right knee flexion was limited to 200 degrees without pain and it was noted the injured worker had full and painless range of motion in all limbs without instability. The clinical documentation also noted that the injured worker had previous physical therapy; however, there is a lack of clinical evidence indicating the amount of therapy sessions provided as well as the efficacy. Therefore, the request for physical therapy 2 times a week for 4 weeks for the right knee is not medically necessary.