

<b>Case Number:</b>	CM14-0008009		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and 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 31 year old female who reported her knee twisted while lifting a resident off a toilet on 11/26/2012. In the clinical note dated 12/05/2013, reported that the patient complained of left knee pain that was described as sharp at times and rated at 6/10 on visual analog scale. It was documented that the claimant stated that rest, heat, elevation and wearing a knee brace helped alleviate symptoms. Tramadol was prescribed for pain. An MRI arthrogram on 08/14/2013 revealed normal menisci, ligaments and tendons; however, there was focal chondromalacia along the central facet of the patella which was manifested by a fissure that extended on the outer margin of the cartilage to the cortex of the patella. The physical examination of the left knee revealed tenderness at the distal attachment of the patellar tendon, pain with a deep squat, patellofemoral crepitation and a positive grind test. The claimant had range of motion of 180, but with extreme pain. The treatment plan included proceeding with conservative management, a prescription for Naproxen and Tramadol, and a prescription for physical therapy to be completed twice week for 6 weeks. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY (PT) TO THE LEFT KNEE:** 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  
PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The California MTUS guidelines state that physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical 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). Injured workers 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. In the clinical note, it was documented that the injured worker stated that rest, heat, elevation and wearing of knee brace helped alleviate symptoms of pain; however, it was unclear if the injured worker was participating in a home exercise program. The MTUS guidelines also state that physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The clinical note also lacked documentation of any deficits in range of motion, flexibility, strength, or function. The request for 12 sessions is also in excess of the MTUS guideline recommendations of either 9-10 visits over 8 weeks or 8-10 visits over 4 weeks. Therefore, the request for 12 sessions of physical therapy (PT) to the left knee is not medically necessary and appropriate.