

<b>Case Number:</b>	CM14-0013628		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

According to the records made available for review, this is a 67 year old female with a 3/3/11 date of injury. At the time (12/30/13) of the request for authorization for prospective request for 8 physical therapy visits for the right knee, ankle and foot, there is documentation of subjective (ongoing pain in the right knee with occasional swelling and popping of the knee) and objective (antalgic gait, tenderness to palpation over the medial and posterior joint lines, improving ranges of motion) findings, current diagnoses (right knee contusion/strain and right ankle/foot contusion/strain), and treatment to date (8 physical therapy visits with 50% improvement, able to ascend and descend stairs with minimal pain, and able to walk for 20 minutes a day without pain).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 8 PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE, ANKLE AND FOOT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM 2ND EDITION, CHAPTER 13 - KNEE COMPLAINTS, TABLE 13-6 SUMMARY OF RECOMMENDATION FOR EVALUATING AND MANAGING KNEE COMPLAINTS, CLINICAL MEASURE,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right knee contusion/strain and right ankle/foot contusion/strain. In addition, there is documentation of treatment with 8 physical therapy visits and functional benefit and an increase in activity tolerance with previous physical therapy. However, given that the requested number of visits, in addition to the visits already completed, would exceed Guidelines' recommendations, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, the request is not medically necessary.