

<b>Case Number:</b>	CM14-0013797		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/23/2014
<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 and Rehabilitation and is licensed to practice in Illinois. 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 23-year-old male who reported an injury on 11/14/2011. The injury reported was while the injured worker did a shoulder roll, heard a pop in his knee. Previous treatments included surgery and medication. The diagnoses included patellar tendinitis and derangement of the medical meniscus. Within the clinical note dated 11/19/2013, reported the injured worker complained of bilateral knee pain. Upon the physical examination of the knee the provider noted range of motion of the knee was at 0 degrees to 135 degrees. The injured worker had no tenderness, a negative McMurray's, Lachman, pivot testing. The provider requested physical therapy for strengthening of the knee. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for 12 sessions of physical therapy is non-certified. The injured worker complained of bilateral knee pain. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted does not indicate the injured worker has decreased flexibility, decreased range of motion, or decreased strength of flexibility. The requested 12 sessions of physical therapy exceeds the guidelines recommendations of 8 to 10 visits. The request submitted fails to provide a treatment site for the physical therapy. Therefore, the request is non-certified.