

<b>Case Number:</b>	CM14-0016165		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with date of injury of 10/05/2012. The listed diagnoses per [REDACTED] dated 11/14/2013 are: 1. Left Knee Contusion, industrial 2. Left Pes Tendonitis According to the report, the patient presents with knee pain. She rates her pain 3/10 today. She states that her least pain is 3/10 and worst pain is 8/10. The exam shows the patient has intermittent pain in her lateral patella knee. She has clicking, popping and locking in her knee. The patient has episodes of swelling in the lateral knee. She is also unable to kneel and squat. Her pain level varies throughout the day. There is tenderness to the inferior medial joint line and pes tendon. The utilization review denied the request on 02/04/2014. The physician is requesting 6 additional for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE PHYSICAL THERAPY 6 VISITS LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

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

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic left knee pain. The treater is requesting 6 additional physical therapy visits for the left knee. The MTUS Guidelines page 98 and 99 physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 28 pages of records do not show any recent or prior physical therapy reports to verify how much treatments and with what results were accomplished. However, the report dated 01/27/2014 documents that the patient had 6 PT visits with improvement, but still has on-going pes tendon pain. She is currently finishing her last 2 PT visits. In this case, the requested 6 additional visits when combined with the previous 8 sessions would exceed MTUS recommendations of 10 sessions for this type of condition. While the patient reports continued pain, she should be able to start a self-directed home exercise program. Recommendation is for denial. The request for continue physical therapy 6 visits left knee is not medically necessary.