

<b>Case Number:</b>	CM14-0127431		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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:

This is a 45-year-old female with a 6/8/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/10/14, it is noted that the patient has shown functional gains, improvement in range of motion and decreased medication use with physical therapy. The provider recommended an additional 8 sessions for continuous improvement. Objective findings: none noted. Diagnostic impression: chondromalacia of patella, strain of knee, internal derangement of right and left knee, chronic derangement of medial meniscus of knee. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/25/14 denied the request for physical therapy 2 times a week for 4 weeks to the bilateral knee. There is no documentation of the diagnosis requiring treatment, current functional status, goals of therapy, recent response to therapy, and the dates of the most recent therapy.

### 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 weeks for 4 weeks to the bilateral knee QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guide, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Physical Medicine Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Knee Chapter

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the reports provided for review, this patient has completed 6 physical therapy sessions with documented functional improvement and decreased medication use. However, guidelines only support up to 12 visits over 8 weeks for sprains and strains of the knee. An additional 8 sessions would exceed guideline recommendations. There is no documentation as to why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for Physical therapy 2 times a weeks for 4 weeks to the bilateral knee QTY: 8 was not medically necessary.