

<b>Case Number:</b>	CM14-0134494		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Internal Medicine and is licensed to practice in California and 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 51-year-old male who reported an injury on 03/15/2006. The mechanism of injury was not provided. The injured worker's diagnoses included right patella subluxation and chondromalacia. The injured worker's past treatments included physical therapy, home exercise and medications. The injured worker's diagnostic testing included an MRI of the right knee that was noted to reveal chondromalacia patella with underlying malalignment pattern, edema at the base of spur at the origin of the medial collateral ligament and Hoffa's scarring is relatively limited on 05/15/2014. The injured worker's surgical history included 2 knee surgeries with the last 1 taking place in 2007. On 07/25/2014, the injured worker reported that the sessions of physical therapy had been helpful. Upon physical examination he was noted with persistent pain and positive crepitus. The injured worker was noted to be unable to squat or kneel secondary to pain, with increased lateral glide test, decreased medial glide and 0 degrees to 10 degrees lateral tilt. The previous clinical examination on 06/03/2014, documented painful clicking and crepitus to the knees and the injured worker was unable to kneel or squat secondary to pain. The injured worker's medications included pain medication. The request was for physical therapy 2 times a week times 4 weeks for the right knee for strengthening. The Request for Authorization form was signed and submitted on 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x wk x 4 weeks right knee QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee and Leg; Physical medicine treatment

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

**Decision rationale:** The request for physical therapy 2 times a times 4 weeks of the right knee quantity 8 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines may recommend physical therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients 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. The treatment is recommended for up to 10 visits over 8 weeks. The injured worker was noted to have completed 4 sessions of physical therapy, and 8 additional sessions would be excessive. The documentation did not provide sufficient evidence of significant objective functional improvement or a documented objective decrease in pain. In the absence of documentation with sufficient evidence of a decrease in the injured worker's pain and significant objective functional improvement since participating in physical therapy, the request is not supported. Therefore, the request is not medically necessary.