

<b>Case Number:</b>	CM14-0156563		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 male. The patient's date of injury is 4/15/2009. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with Diabetes Mellitus, ankylosis of lower leg joint and knee pain. The patient's treatments have included physical therapy, imaging studies, and medications. The physical exam findings dated 9/26/2014 states his neurovascular findings are normal. His hip range of motion is described as active pain free range of motion. The knee exam states atrophy on the left, no ecchymosis, no effusion, some surgical scars, with diffuse pain. The wounds are stated to be healed, with a firmer endpoint, there is pain with gentle pressure near the patellar tendon. There is some tenderness to light touch. The patient's medications have included, but are not limited to, Metformin, Simvastatin, Lorazepam, Naproxen, Ambien, Norco and Percocet. The request is for additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the knee x 10 visits.:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy sessions. The clinical documents state that the patient has previously undergone physical therapy. There is one progress note that was included with the clinical records. There is lack of documentation that states the patient has recent changes or significant functional deficits to support the need of physical therapy at this time. There is no documentation that supports an indication to do physical therapy sessions at this time. According to the clinical documentation provided and current California MTUS guidelines; additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.