

<b>Case Number:</b>	CM14-0157223		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine 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 injured worker is a 27 year old male who was in a work-related accident on March 22, 2013. He indicated that he was performing his usual and customary duties as a carpenter when he fell two stories from a balcony onto the dirt which made him injure his knee. He was diagnosed with left knee pain status post traumatic injury. In the most recent progress note dated October 1, 2014, it was indicated that the injured worker has undergone approximately eight visits of physical therapy for his left knee injury. He indicated that this has provided him relief. It was also indicated he has experienced improvement, but he still complained of some discomfort primarily over the anterior aspect of the knee with some residual weakness. The pain and discomfort worsens with twisting, turning, prolonged standing, and walking. Objective findings to the left knee included tenderness along the anterior aspect of the knee, which extended to the lateral joint line. There was a range of motion which was 0-130 degrees and muscle strength of 4+/5. He was recommended to undergo one more course of physical therapy at a frequency of two times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy 2 Times a Week for 4 Weeks Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Medicine

**Decision rationale:** The medical records received have limited information to support the necessity of the additional 8 sessions of physical therapy directed to the left knee. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines specify that injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Additionally, the same guidelines and the Official Disability Guidelines emphasize that when providing physical medicine to injured individuals, a provider should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. Based on the medical records, the injured worker had already underwent 22 physical therapy sessions, 10 chiropractic treatments and 6 acupuncture treatments to date. These treatments provided minimal and temporary pain relief as he continued to complain of significant pain and weakness in his left knee. Additionally, although it is noted that there was improvement in his conditions with the authorized physical therapy, acupuncture and chiropractic treatments, it is more appropriate and necessary to transfer him to a home-based exercise program as he has been provided with the recommended number of visits as set forth in the guidelines. Furthermore, there was no compelling evidence that would necessitate the 8 additional sessions of physical therapy to the left knee. Therefore, its medical necessity is not established.