

<b>Case Number:</b>	CM14-0157913		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Texas. 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:

Medical Records reflect the claimant is a 42 year old male who sustained a work injury on 10-9-12. Office visit on 9-9-14 notes the claimant reported that there was an incident on September 5, 2014, while sitting at home on the floor; the patient went to stand up and felt a sharp pain in the right knee that caused to buckle and twist. The patient fell to the ground. The patient complained of right knee pain above the knee cap, on the outer side and on the back of the knee. There was swelling of the right knee and the patient had been icing it. The patient felt that the back gave out caused the knee to buckle. On exam, he had tenderness on the lateral side, posterior lateral aspect and proximal to the medial side of the patella. There was guarding upon examination. He ambulated with an antalgic gait, guarding the right knee range. There was weak quadriceps noted. There was diffuse edema, which limited the range of motion.

### 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 week times 4 weeks right knee QTY: 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter - physical therapy

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one 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. The claimant had been provided with physical therapy with no documentation of long lasting improvement. He had at least 6 visits from 6-16-14 through 7-7-14. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, the medical necessity of this request is not established.