

<b>Case Number:</b>	CM14-0164429		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 3/26/14 date of injury. At the time (9/18/14) of the Decision for 18 physical therapy sessions for the right knee, there is documentation of subjective (knee pain) and objective (decreased range of motion of knee) findings, current diagnoses (sprain/strain of knee and leg, knee/elbow contusion, and thoracic/lumbosacral neuritis/radiculitis), and treatment to date (physical therapy and medications). Medical reports identify that patient is limited to kneeling, stooping, squatting, bending, lifting, carrying, and taking care of hygiene needs; and that treatment goals are to reduce pain, increase range of motion, and the patient will be independent in a home exercise program. The number of previous physical therapy treatments cannot be determined. In addition, there is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy sessions for the right knee:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical Therapy (PT)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of knee sprain/strain not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of knee and leg, knee/elbow contusion, and thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of previous physical therapy, functional goals, and functional deficits. However, there is no documentation of the number of previous physical therapy sessions, and if the number of treatments have exceeded guidelines. In addition, the requested 18 physical therapy sessions exceed guidelines. Furthermore, there is no documentation of exceptional factors to justify going outside of guideline parameters. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 18 physical therapy sessions for the right knee is not medically necessary.