

<b>Case Number:</b>	CM14-0182759		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/15/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Emergency 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:

Patient with reported date of injury on 2/15/2009. No mechanism of injury was provided for review. Patient has a diagnosis of patellofemoral syndrome, chondromalacia patella and history of patellar tendinosis. Patient is post R knee arthroscopy on 8/3/12. Medical reports reviewed. Last report available until 10/1/14. Patient complains of R knee pain. Pain feels like under knee cap, worsens with ambulation and climbing stairs. Orthovisc injection reportedly helped pain. Objective exam reveals no tenderness along joint line. No effusion. Mild crepitus. Full range of motion. Note mentions recommendation in physical therapy program but to "attend a different physical therapy location". No imaging reports were provided for review. Medications include Diclofenac topical. Independent Medical Review is for Physical Therapy sessions of R knee 2/week for 6 weeks (12 total). Prior UR on 10/9/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PT sessions 2x6 for the right knee: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. There is no documentation of severe pain or limitation in function that would warrant physical therapy. There is no documentation of home exercise or other conservative therapy prior to recommendation to physical therapy. Statement concerning "attend a different physical therapy location" supports history of prior physical therapy attempt at the affected knee. There is no documentation of any improvement or what or how many sessions were done. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The request is for 12 sessions which exceed guideline recommendation. Due to all the above listed issues, request for "12 PT sessions 2x6 of right knee" is not medically necessary.