

<b>Case Number:</b>	CM14-0030180		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/19/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and Ohio. 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 46-year-old male who reported an injury on 07/19/2008 due to a slip. On 01/28/2014, the injured worker presented with increased left knee pain. Upon examination, the injured worker's sensation was equal to light touch throughout and reflexes were equal and symmetrical on all extremities. There was no joint instability, no effusion, no erythema and no warmth. The left knee range of motion was within normal limits and there was tenderness of the medial knee with mild crepitation on range of motion. The diagnoses were chronic pain syndrome and internal derangement of the knee/left ACL tear status post-surgery. Prior therapy included surgery, physical therapy, medications and joint injections. The provider recommended physical therapy 2 times a week for 5 weeks for the left knee, due to the increase in pain with weakness of the left knee. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for five weeks left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has had for the left knee was not provided. Also, injured workers are instructed and expected to continue active therapies at home, and there is no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.