

<b>Case Number:</b>	CM14-0035011		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgeon 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:

The injured worker is a 33-year-old female with a reported date of injury on 12/24/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with right knee pain. According to the clinical information the injured worker was status post arthroscopy of the right knee on 09/21/2013. The clinical documentation indicates the injured worker previously participated in acupuncture and physical therapy. Within the clinical note dated 05/14/2014, the physician indicated that the injured worker presented with persistent symptomatology, unresponsive to activity modification, anti-inflammatory medication and physical therapy. Upon physical examination, the right knee range of motion revealed to 105 degrees. The injured worker's diagnoses included complex tear of the body and posterior horn or medial meniscus, and status post arthroscopy right knee on 09/21/2013. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for additional physical therapy of the right knee 3 times a week for 2 weeks was submitted on 03/20/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy of the right knee 3 x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Knee and Leg Procedure Summary.

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine as indicated. 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. 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 8 to 10 visits over a 4 week period. According to the clinical documentation provided for review, the injured worker has previously participated in PT. The request for 6 additional PT visits exceeds the recommended guidelines. In addition, the clinical note dated 05/14/2014, the physician indicated that the injured worker presented with persistent symptomatology, unresponsive to activity modification, anti-inflammatory medication and PT. There is a lack of documentation related to the injured worker's therapeutic and functional benefit in the previous PT to include flexibility, strength, endurance, function, range of motion and the alleviation of discomfort. Therefore, the request for additional PT of the right knee 3 times a week for 2 weeks is non-medically necessary.