

<b>Case Number:</b>	CM14-0039066		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 35-year-old gentleman with a date of injury of 10/11/2012. An Agreed Medical Evaluation (AME) report by [REDACTED] dated 01/23/2014 identified the mechanism of injury as jumping approximately 10-12 feet off a roof after repairing machinery, resulting in a left knee injury. This AME report consisted of office notes by [REDACTED] dated 01/20/2014 and 02/24/2014, and an initial orthopedic evaluation by [REDACTED] dated 11/20/2013, which described the worker as experiencing left knee pain. Documented examinations by [REDACTED] AME report and [REDACTED] evaluation recorded the worker was walking with a limp and had left knee tenderness. [REDACTED] AME report also indicated significant decreased muscle size in the left thigh compared with the right. Office notes by [REDACTED] dated 01/20/2014 and 02/24/2014 concluded the worker was suffering from r/o plica with no additional details or objective findings provided. The AME report by [REDACTED] dated 01/23/2014 and the orthopedic evaluation by [REDACTED] dated 11/20/2013 concluded the cause of the worker's symptoms was synovitis. This AME report also reported patellofemoral syndrome, while [REDACTED] evaluation also indicated chondromalacia. The submitted and reviewed documentation recorded treatment had included surgery to the left knee on 01/15/2013 followed by subsequent post-operative physical therapy, injected steroids into the knee without improved pain, and continued medication as needed. The submitted and reviewed documentation did not discuss on-going continued self-directed physical therapy at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for twenty-four (24) sessions for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments, Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. An AME report by [REDACTED] dated 01/23/2014, office notes by [REDACTED] [REDACTED] dated 01/20/2014 and 02/24/2014, and an initial evaluation by [REDACTED] dated 11/20/2013, recommended the use of physical therapy for this worker. However, the requested number of sessions would exceed the number supported by the MTUS Guidelines. The submitted and reviewed documentation also did not document any continued active therapies at home as a part of the worker's prior physical therapy. In the absence of such evidence, the current request for 24 sessions of physical therapy is not medically necessary.