

<b>Case Number:</b>	CM14-0041041		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

This is a 53-year-old male with a 12/08/2011 date of injury, when she was on the left knee and had her right knee up folding clothes on right knee. The patient has a major Charlie horse on the back of her left thigh. The patient stood up and twisted right knee. 3/27/14 determination was non-certified given that the clinicals submitted did not demonstrate medical necessity for further formal physical therapy. 6/6/14 and 5/5/14 progress report revealed the same pain in the knee. The patient continued with problems. The patient didn't note any benefit from the injection of the pes anserinus and had continued to have some pain. She continued to work at a desk job. Exam revealed that the patient had marked quadriceps weakness on the left, but not as much atrophy as on previous evaluations. There was enlargement and soft tissue swelling of the left knee and tenderness both anteromedially in the knee and in the area of the pes. The patient had full passive range of motion. 3/12/14 medical report identified that the patient was making slow progress. It was noted that she had passive full range of motion, only lacking terminal extension. Physical therapy reports document significant improvement in range of motion. It was noted that the patient completed 24 sessions as of 3/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy to Left Knee 3 Times a Week for 4 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee: Dislocation of Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter), Arthritis (Arthropathy, unspecified).

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had completed 24 sessions of physical therapy as of 3/10/14 with significant improvements in range of motion. There were continued pain and swelling, however, it appeared that the range of motion was near or at normal values. There was no indication why, after such extensive therapy program, the patient could not continue rehabilitation through a home exercise program. There were no special circumstances that would prompt the need of additional 12 therapy sessions. The provider does not clearly identify what would be his expected improvement with further therapy. ODG recommends up to 9 sessions for the medical management of knee arthropathy, which were clearly exceeded by this patient. The medical necessity for continued therapy was not substantiated.