

<b>Case Number:</b>	CM14-0044163		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 30-year-old male with a date of injury of 07/19/2011. The listed diagnoses are: 1. Knee pain. 2. Status postsurgical right knee arthroscopy 3. Myofascial pain 4. Meniscus tear. This patient is status post right knee arthroscopic surgery on 02/25/2013. According to progress report 02/28/2014, the patient presents with continued right knee pain. Examination revealed Antalgic gait, and tenderness noted to palpation to the right knee. The provider notes, the patient has returned to modified work with restrictions. He is recommending more therapy. This is a request for additional physical therapy 3 times a week for 5 weeks for the right knee. Utilization Review denied the request on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 5 weeks for right knee #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (updated 01/20/2014), Physical Medicine Treatment.

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

**Decision rationale:** This patient is status post right knee arthroscopic surgery from February 2013. The patient presents with continued right knee pain. The provider states the patient has returned to modified work with restrictions and is requesting additional physical therapy 3 times a week for 5 weeks. The patient is out of the postsurgical guideline timeframe. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. Physical therapy exit report from 09/09/2013 indicates the patient has received 8 out of 8 sessions. The provider does not discuss why the patient would not be able to transition into a home exercise program. The requested additional 15 sessions exceeds what is recommended by MTUS. Therefore request is not medically necessary.