

<b>Case Number:</b>	CM14-0045736		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational Medicine, 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 injured worker is a 29-year-old female with a 6/19/12 date of injury. On the date 3/11/14 a request for authorization for 8 sessions of physical therapy, there is documentation of subjective (ongoing left knee pain, pain greatest stepping up on a curb, and two episodes of giving way of left knee over past two weeks) and objective (medial joint line tenderness, left knee range of motion 0-130 degrees, and minimal knee effusion left knee) findings, current diagnoses (left knee pain and left knee patellar dislocation), and treatment to date (22 physical therapy sessions completed to date). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, page(s) 98 Page(s): 98. Decision based on Non-MTUS Citation Official Disability

## Guidelines (ODG) Knee & Leg, Physical therapy.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of pain in joint not to exceed 9 visits over 8 weeks. The Official Disability Guidelines also note patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee pain and left knee patellar dislocation. In addition, there is documentation of 22 previous physical therapy sessions completed to date, which exceeds guidelines. In addition, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the requests for 8 sessions of physical therapy are not medically necessary.