

<b>Case Number:</b>	CM14-0049123		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 and Rehabilitation has a subspecialty in Pain 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 sustained an industrial injury on August 6, 2009. The patient has complaints of right knee pain and has a history of bilateral knee arthroscopic surgery. The patient was seen on February 24, 2014 an examination of the right knee indicated that he had a mild effusion and ambulated with a cane. Range of motion testing revealed 20 to 110 degrees, with pain at end range of motion. There was a positive McMurray's test and mild crepitus noted. The disputed issue is a request for 12 sessions of physical therapy for the right knee. A utilization review determination on March 11, 2014 had noncertified this request. The reasoning included the fact that neither the duration of prior physical therapy or functional response to prior therapy was not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWK x 6Wks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Medicine Guidelines.

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

**Decision rationale:** In the case of this injured worker, this is a remote injury. Additional sessions of physical therapy necessitate documentation of functional benefit from prior physical therapy. Generally there should be clarification of how many sessions of physical therapy there were today, as well as the functional outcome of prior physical therapy. A recent progress note submitted for review has date of service June 23, 2014. The patient continues to experience low back pain as well as bilateral knee pain. The patient is on Duragesic, Norco, Ambien, and Lexapro. An orthopedic consultation note on March 8, 2014 had recommended physical therapy for the patient. In this note and the preceding notes, there is no commentary on previous functional outcome of therapy. This request is not medically necessary at this time.