

<b>Case Number:</b>	CM14-0056776		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 65 year-old with a date of injury of 10/2/13. A progress report associated with the request for services, dated 1/27/14, identified subjective complaints of left knee pain. Objective findings included tenderness to palpation of the knee with some swelling. Diagnoses included continued healing of his medial collateral ligament. Treatment had included NSAIDs and home exercise. The patient had received an unspecified number of physical therapy sessions prior to this request. The first visit was in October of 2013 and indicated a plan for two visits per week for six weeks. Several physical therapy notes were included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee 2 times a week for 6 weeks, QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (updated 01/20/14).

**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 & Leg, Physical Medicine Treatment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy with fading of treatment frequency and the addition of active therapies at home as an extension of the treatment process in order to maintain improvement levels. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. The Official Disability Guidelines (ODG) state that for sprains and strains of the knee, 12 visits over 8 weeks are recommended, and for arthritis and pain in the knee, 9 visits over 8 weeks. The patient has received an unspecified number of previous physical therapy sessions. An additional 12 sessions are requested, which exceeds guideline recommendations. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement. As such, the request is not medically necessary.