

<b>Case Number:</b>	CM14-0062534		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 patient is a 21 year-old female with date of injury 07/29/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/22/2014, lists subjective complaints as pain in the right knee with popping and instability. Objective findings: Examination of the right knee revealed tenderness to palpation of the lateral femoral condyle, lateral joint line, lateral tibial plateau, medial tibial plateau, medial joint line and medial femoral condyle. Range of motion was decreased in all planes. The diagnosis includes right knee tendonitis/bursitis and right knee contusion. Conservative care to date includes medication, knee brace, activity modification and 24 sessions of physical therapy. An magnetic resonance imaging (MRI) of the right knee showed a small free edge tear of the body of the lateral meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Exercises for 2x3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Therefore Therapeutic Exercises for 2x3 weeks is not medically necessary.