

<b>Case Number:</b>	CM14-0072724		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 claimant was injured on 12/24/13 and 6 visits of PT are under review. He saw [REDACTED] on 04/25/14 and complained of medial left knee pain at level 9/10. His knee was tender and he had an abnormal gait. He had PT and medications in the past. He has had 18 PT visits. Additional PT was not certified. He saw a PA on 01/24/14. He was diagnosed with a lower leg and left knee contusion. He was able to return to work on restrictions. He was tolerating his medication. Light duty was not accommodated. A note dated 01/24/14 stated he had completed 2 PT visits. He had no new symptoms. There was no knee weakness. There was some edema and the left knee was tender medially and laterally. There was no patellar subluxation. He had 5/5 muscle strength testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3x2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/odgtwc/knee.htm>), Official Disability Guidelines - Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130.

**Decision rationale:** The MTUS state "physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has attended what should have been a reasonable number of PT visits and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant has attempted and failed an ongoing independent exercise program or that is unable to complete his rehab with an independent HEP. The history and documentation do not objectively support the request for an additional 6 visits of PT. The medical necessity of the additional 6 visits of therapy has not been clearly demonstrated. Therefore, additional physical therapy 3x2 weeks is not medically necessary and appropriate.