

<b>Case Number:</b>	CM14-0074293		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 & 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 is a 35-year-old female. The injured worker's original date of injury was February 20, 2013. The patient has documentation of at least 6 sessions of occupational therapy with a home exercise program. The patient has a history of knee arthroscopy on July 29, 2013. The patient was referred to postoperative physical therapy, but the number of visits completed postoperative was not documented according to a utilization review determination. This fact, combined with their being no documentation that this patient is having any functional difficulties lead to a denial of additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 x week for 2 weeks to left leg, knee per report dated 04/16/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The request for authorization for six physical therapy sessions was made on April 16, 2014. The patient has a history of knee arthroscopy on July 29, 2013. A progress note

from April 16, 2014 documents that the patient has continued knee pain, but does not specify the total number of physical therapy visits and functional outcome of previous physical therapy. In a progress note on date of service November 13, 2013, there is documentation that the patient was transition to a home exercise program and is proceeding as expected. It is not evident in this case whether the patient failed a home exercise program or suffered a recurrent injury to the knee as this history is not provided. Given the lack of clarity of the benefit from prior physical therapy, this request is not medically necessary.