

<b>Case Number:</b>	CM14-0079012		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 03/13/2013. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain, shoulder sprain, and knee sprain. The injured worker was evaluated on 06/24/2014 with complaints of right knee pain. It is noted that the injured worker is status post right knee arthroscopy on an unknown date. Physical examination revealed right ankle swelling with tenderness to palpation and decreased range of motion. Treatment recommendations included physical therapy for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT x 8 right knee/ right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute; [www.odg-twc.com](http://www.odg-twc.com), Ankle & Foot (Acute & Chronic).

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

**Decision rationale:** The California MTUS Guidelines state 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. A previous Request

for Authorization was also submitted for physical therapy for the right lower extremity on 03/13/2014. Documentation of a previous course of treatment was not provided. Without evidence of objective functional improvement following an initial course of physical therapy, additional treatment cannot be determined as medically appropriate. There was also no documentation of a significant musculoskeletal or neurological deficit with regard to the right knee. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.