

<b>Case Number:</b>	CM14-0082117		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 38 year old with an injury date on 6/24/13. Patient complains of left knee "difficulty" due to flexion contracture, which began occurring two weeks after initial injury per 9/16/13 report. Patient recently underwent 12 sessions of physical therapy and regained full passive range of motion of the knee, but continues to demonstrate an extensor lag on active extension per 10/18/13 report. Patient Based on the 10/18/13 progress report provided by the treating physician, the diagnosis is s/p work injury left knee with Grade I MCL and flexion contracture showing substantial improvement. Exam on 10/18/13 showed "left knee has grade I MCL laxity on valgus stress, but otherwise normal knee exam, and full passive range of motion. Active extension continues to demonstrate some limitation with 3 degree extensor lag." Patient's treatment history includes massage, physical therapy, Chinese herbal medication, but patient is not currently taking any pain medication. The treating physician is requesting continued PT x 12 sessions - left knee. The utilization review determination being challenged is dated 5/29/14. The requesting physician provided treatment reports from 8/29/13 to 10/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued PT x12 sessions-left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines; Work

Loss data Institute, LLc. Corpus Christi, TXKnee & Leg (Acute & Chronic) (updated 03/31/2014)

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

**Decision rationale:** This patient presents with left knee flexion contracture. The treater has asked for Continued PT x 12 sessions - left knee but the requesting progress report is not included in the provided documentation. The patient completed 12 physical therapy sessions in late 2013 which (along with stretching exercises and a knee splint) has helped patient "obtain full passive range of motion of the knee." There is one physical therapy report dated 5/17/14 in which patient states: "I was not getting anymore treatment after the initial 12 [physical therapy]." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient presents with left knee flexion contracture. A short course of 8-10 treatments may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested therapy. The patient has regained passive range of motion, and a home exercise program appeared to be efficacious. The requested 12 sessions exceed what is allowed by MTUS for this type of condition. Therefore this request is not medically necessary.