

<b>Case Number:</b>	CM14-0095713		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Family 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 52 year old female who sustained an injury to her right knee/leg on 02/04/14 when she stepped into a hole. Treatment to date included physical therapy, acupuncture, and management with medications. The injured worker completed at least 12 physical therapy visits to date that provided some benefit. There was no indication that diagnostic imaging of the right knee had been performed. Physical examination noted painful antalgic gait; unable to perform toe walking, standing, squatting, crouching, and single level weight bearing on the left side because of pain; demonstrated symptoms of pain to active eversion and resistance to inversion. MRI was ordered to evaluate for further diagnostic and therapeutic activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right knee/leg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Physical medicine treatment.

**Decision rationale:** The request for physical therapy for the right knee/leg is not medically necessary. Previous request was denied on the basis that while an average of three or four modalities/procedure unit per visit reflect a typical number of units, this is not intended to limit or cap the number of units that are medically necessary for particular patient, for example, an unusual case where comorbidities have all completely separate body domains, but documentation should support an average greater than four units per visit; these additional units should be reviewed for medical necessity and authorized if determined to be medically appropriate for the injured worker. Previous request included up to 11 modalities/units. There was no mention that a surgical intervention had been performed. The Official Disability Guidelines recommend up to 12 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations either in frequency or duration of physical therapy visits. Given this, the request for physical therapy for the right knee/leg is not indicated as medically necessary.