

<b>Case Number:</b>	CM13-0038231		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 21 year old female who suffered a work related injury on 04/01/2013, while taking out the recyclables; she twisted her knee and fell. Diagnoses include right knee sprain/strain. A progress note dated 7/24/2013 documents that a cortisone injection she received on the last visits was helpful for about 2 days and then her symptoms returned. She continues to use the crutches and knee brace. She reports that in therapy she is not able to tolerate much exercise. She is receiving anti-inflammatory medications. On examination she has a mild effusion. Her range of motion is 2 degrees to 70 degrees. She has significant tenderness on the medial and lateral joint lines. McMurray's is positive for significant discomfort and varus and valgus stress. Arthroscopic evaluation of her knee with meniscectomy and debridement was recommended. Hand written physician progress note dated 09/03/2013 documents the injured worker has a pain level of 7. The injured worker refused range of motion, and orthopedic exam due to pain. Magnetic Resonance Imaging of the right knee done on 05/07/2013 revealed mild soft tissue swelling, otherwise negative Magnetic Resonance Imaging of the right knee. The request is for physiotherapy 3 times a week for 4 weeks to the right knee. Utilization Review dated 9/16/2013 non-certified the request for physiotherapy 3 times a week for 4 weeks to the right knee citing Chronic Pain Medical Treatment Guidelines-Physical Therapy Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 3 times per week for 4 weeks to the right knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, she had completed at least 8 sessions of physical therapy for her right knee but without it being helpful, reportedly. This is the only documented report on how she responded to physical therapy. If this is an accurate assessment, then additional physical therapy seems inappropriate and medically unnecessary. If this assessment is incorrect and the worker did somehow respond to physical therapy in the past, she had already completed a sufficient number of supervised sessions that she should be well versed in home exercises for her right knee by now and supervised therapy wouldn't be medically necessary. Therefore, considering either of the factors above, the physical therapy (12 additional sessions) will be considered medically necessary.