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| <b>Case Number:</b>   | CM13-0053542 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/20/2011 |
| <b>Decision Date:</b> | 01/05/2015   | <b>UR Denial Date:</b>       | 11/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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. The expert reviewer is Board Certified in General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 59 year old male with date of injury of 1/20/2011. A review of the medical records indicate that the patient is undergoing treatment for right knee injury status post medial and lateral meniscectomy and chondroplasty. Subjective complaints include continued pain in his right knee and limited ability to walk. Objective findings include limited range of motion of the right knee with mild crepitation; tenderness to palpation of the medial and lateral aspects; sensory and motor exams normal. Treatment has included home exercise and previous sessions of physical therapy. The utilization review dated 11/12/2013 non-certified 12 sessions of physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The Post-Surgical guidelines recommend 12 sessions total. The employee has had an unspecified number of sessions already. The medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for physical therapy 2x6 weeks is not medically necessary.