

<b>Case Number:</b>	CM14-0195875		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Pain 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:

This is a patient with the date of injury February 29, 2012. A utilization review determination dated November 10, 2014 recommends non-certification of physical therapy for the right knee. Non-certification is recommended due to lack of documentation regarding the number of previously completed therapy sessions and a functional response from those sessions. Additionally, no objective deficits were identified. A progress report dated August 18, 2014 identifies subjective complaints of right hip and right knee pain. The note indicates that the patient is recommended to undergo surgery but has a low platelet count and low white blood cell count. She has now been cleared for surgery. Objective examination findings revealed tenderness to palpation and reduced range of motion in the right hip and right knee. The note indicates that she is unable to fully extend her right knee and has tenderness to palpation around the medial joint line. Diagnoses include anxiety, depression, chronic injury, possible ACL tear, and right hip musculoligamentous injury. The treatment plan recommends right knee surgical consultation and psychological treatment. Additionally, physical therapy for the right knee and right hip are requested as well as a home exercise kit. A progress report dated September 29 2014 states that the patient underwent surgical consultation and surgery was recommended. A consultation dated September 17, 2014 states that the patient feels her condition is worsening and last underwent physical therapy in 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 4 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Knee & Leg Chapter (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many previous sessions the patient was previously provided. In light of the above issues, the currently requested additional physical therapy is not medically necessary.