

<b>Case Number:</b>	CM14-0199087		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/20/14 when she was descending stairs, her right foot slipped, and she fell on her right knee. She was seen on 07/28/14. She was having ongoing knee pain. Physical examination findings included a normal knee examination. Authorization for an MRI of the knee and physical therapy were requested. The MRI was performed on 09/08/14 and was normal. There are three physical therapy treatment sessions documented from 08/11/14 to 09/02/14. Therapeutic content included instruction in a home exercise program. On 09/10/14 she had attended physical therapy sessions with some pain relief. The MRI results were reviewed. On 10/23/14 she was having ongoing right knee pain. There was a normal examination. Naprosyn was prescribed. On 11/10/14 she had mildly decreased range of motion with an effusion and patellar tendon tenderness. She was diagnosed with patellar tendinitis. Work restrictions were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4 Weeks to the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment; Preface, Physical Therapy Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Physical Medicine Treatment

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for right patellar tendinitis. Testing has included a normal MRI of the knee. Treatment has included three sessions of physical therapy including instruction in a home exercise program. Guidelines recommended up to 9 physical therapy visits over 8 weeks for the treatment of this condition, although goals can usually be achieved with fewer visits than the maximum recommended. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services in excess of the number required would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. In this case, the requested number of visits is in excess of guideline recommendations and was therefore not medically necessary.