

<b>Case Number:</b>	CM14-0199102		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/07/2014
<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 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 an injured worker with a date of injury of July 6, 2011. A utilization review determination dated November 7, 2014 recommends noncertification of physical therapy for the left knee. A progress report dated October 6, 2014 identifies subjective complaints of pain in the lumbar spine, bilateral knees, right leg, and right foot. Physical examination findings reveal no examination of the injured worker's knees. Diagnoses include right knee contusion and left knee strain. The treatment plan recommends physical therapy 2 times a week for 6 weeks for his lumbar spine and his left knee. A progress report dated August 15, 2014 states "the injured worker's chronic pain has failed previous treatment with therapy." A progress report dated August 24, 2014 identifies objective findings of slightly decreased range of motion in knees with positive valgus, various, and McMurray's tests on the left. Quadriceps strength was 4/5 on the left. The treatment plan recommends physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy (2x 6wks) for the Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 12 Sessions of Physical Therapy (2x 6wks) for the Left Knee, 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 physical therapy 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. Additionally, it is unclear whether previous therapy was directed towards the knee and/or the low back. If the injured worker has not had therapy for the knee, the current request exceeds the number recommended as a trial by guidelines. In light of the above issues, the currently requested physical therapy is not medically necessary.