

<b>Case Number:</b>	CM14-0202679		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice 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 injured worker's date of injury is 02/27/2014. This patient receives treatment for chronic left knee pain. The initial injury occurred while at work when the patient's shoe became caught on a floor mat and the patient lost her footing. Application of cold and TENS were used. The patient was fitted for a knee brace. A knee MRI dated 04/10/2014 was normal. Medications taken include Mobic and a steroid injection. The patient has received 24 sessions of PT to date. A UR reviewer cited this data and denied the request for 6 additional session of PT for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Once A Week for 6 Weeks to The Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This patient receives treatment for chronic left knee pain and has received 24 sessions of PT. The treatment guidelines recommend that physical therapy, which is passive, transition to a home therapy program, which is active. The documentation does state that the patient performs home therapy activities. The guidelines give recommendations for the number

of sessions allowable by body region. For the knee, the recommended number of PT sessions is 12 visits. Additional PT sessions is not medically indicated.