

<b>Case Number:</b>	CM14-0204594		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 a patient with a date of injury of February 14, 2008. A utilization review determination dated November 21, 2014 recommends noncertification of physical therapy. Noncertification of therapy was due to the patient having received 18 sessions of therapy already. A progress report dated November 6, 2014 identifies subjective complaints of ongoing low back pain and right knee pain "although improved with physical therapy." Physical examination reveals normal sensation and normal strength in the lower extremities. The range of motion is somewhat reduced with swelling. Diagnoses include right knee lateral and medial meniscus tear, left carpal tunnel syndrome, status post left carpal tunnel release, and lumbar spine disc rupture. The treatment plan recommends a cortisone injection for the right knee and additional physical therapy for the right knee. A progress report dated March 13, 2014 indicates that the patient has completed 12 physical therapy sessions for her back. A utilization review determination dated August 1, 2013 recommends approval of 12 physical therapy sessions for the lumbar spine. A physical therapy note dated April 18, 2014 indicates that therapy was received for the right knee. A utilization review determination dated April 1, 2014 recommends certification of 6 visits of 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 x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines- Knees, Sprains and Strain of Knee and Leg, Cruciate Ligament of knee (ACL Tear).

**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. ODG recommends 9 therapy visits for treatment of medial/lateral meniscus tear. 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. Additionally, with the therapy visits already provided, the additional therapy exceeds the maximum number recommended by guidelines for this patient's diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.