

<b>Case Number:</b>	CM14-0205878		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker is a truck driver with a date of injury of 11/7/13. On that date he twisted his right knee while unloading a truck. Treatment has included multiple courses of physical therapy, E-stim, massage, knee braces and medications. An MRI in December 2013 showed effusion with no tear or other internal derangement. X-rays were negative. The treatment note of 11/14/14 documents normal gait and range of motion for the right knee with no effusion. There is some tenderness in the medial joint line and the anterior drawer sign was positive. His current diagnosis is right knee pain with ACL sprain. The primary treating physician has requested additional physical therapy 2 times per week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times a week for 3 weeks for the right knee; 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [www.acoempracguides.org/knee](http://www.acoempracguides.org/knee); Knee Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical therapy.

**Decision rationale:** The MTUS notes that physical medicine, including physical therapy (PT), is recommended to provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG guidelines recommended physical therapy with limited positive evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). ODG Physical Medicine Guidelines for pain in joint or effusion of joint (ICD9 719.0; 719.4) recommend 9 visits over 8 weeks. In this case the treatment note of 10/7/14 indicates that he has had multiple courses of physical therapy with the exact number of sessions not indicated. The treatment note of 11/14/14 indicated that previous physical therapy treatments did help to alleviate pain and increased strength. The records do not address specific functional improvement, how long the improvement in symptoms lasts or whether he continues to perform home exercises which would be appropriate for strengthening. The primary treating physician's request for physical therapy notes that the therapy is for improved quadriceps strengthening. An ongoing home exercise program would be appropriate as indicated in the MTUS. The request for physical therapy treatment for the right knee for 6 sessions, 2 times per week for 3 weeks, is not medically necessary.