

<b>Case Number:</b>	CM14-0040787		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Emergency 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:

The injured worker is a 41 year-old male, who sustained an injury on June 27, 2013. The mechanism of injury occurred due to discharge of a nail into the injured worker's right knee. Diagnostics have included: 8/30/13 right knee MRI. Treatments have included: Medications; 1/27/13 removal of foreign body; post-op physical therapy; activity modification. The current diagnoses are: Right knee sprain/strain; intractable pain. The stated purpose of the request for additional physical therapy 2 times a week for 4 weeks was to improve strength, stability, range of motion, and decrease pain. The request for additional physical therapy 2 times a week for 4 weeks was denied on March 17, 2014, citing the rationale that the injured worker had previously received 9 visits of physical therapy and there was no documentation indicating barriers that would preclude further progress of the injured worker while participating in a home exercise program. Per the report dated May 5, 2014, the treating physician noted that the injured worker had complaints of right knee pain rated 5/10 and left knee pain rated 5/10. The injured worker reported radiation of pain along the right lower extremity. He had difficulty ambulating upstairs. Objective findings included difficulty rising from a seated position. Palpation elicited tenderness and hypertonicity of the right knee quadriceps muscle. Right knee range of motion was 0-115 degrees and 0-120 degrees on the left. McMurray's test with internal and external rotation was positive on the right. The injured worker previously received physical therapy, which reduced the pain and improved range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient physical therapy 2 times a Week for 4 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines physical medicine guidelines, functional improvement measures Page(s): 98-99, 48. Decision based on Non-MTUS Citation ODG, Knee, Physical therapy

**Decision rationale:** The requested additional physical therapy 2 times a week for 4 weeks is not medically necessary. CA MTUS Chronic Pain Treatment, ACOEM and ODG Guidelines, physical medicine guidelines, page #98-99 recommend up to 10 visits for the injured worker's condition. CA MTUS Chronic Pain Treatment Guidelines, functional improvement measures, page #48 recommend continued treatment with documentation of significant improvement in activities of daily living or a reduction in work restrictions. The injured worker has bilateral knee pain. The treating physician has documented limited range of motion of the bilateral knees, positive provocative testing for meniscus tears, and tenderness to palpation of the right knee quadriceps muscle. Previous physical therapy helped to reduce pain and improve range of motion. The treating physician has not documented progression of a home exercise program, failed home exercise trials, or ongoing deficits that cannot be addressed by a dynamic home exercise program. There is also no explicit documentation of reduced work restrictions or improved activities of daily living secondary to previous physical therapy. The criteria noted above not having been met, additional physical therapy 2 times a week for 4 weeks is not medically necessary.