

<b>Case Number:</b>	CM15-0003404		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male, who sustained an industrial fall injury reported on 12/15/2011. He has reported continued pain and discomfort, and extreme stiffness. The diagnoses were noted to have included cervicalgia; post-traumatic lumbosacral joint/ligament sprain with radiculopathy; and internal derangement of knee. Treatments to date have included consultations; diagnostic imaging studies; 12 acupuncture treatments; surgery with 18 physical therapy sessions (24 approved); and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 12/08/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/2/2014, for physical therapy x 8 sessions, left knee. The American College of Occupational and Environmental Medicine Guidelines and the Official Disability Guidelines, physical therapy guidelines, shoulder; and Medical Treatment Utilization Schedule, chronic pain medical treatment, physical medicine, post-surgical treatment guidelines, shoulder, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (8 sessions) for the left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic knee pain. Prior treatments have included extensive physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.