

<b>Case Number:</b>	CM15-0008870		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29-year-old male who reported an injury on 04/10/2013 while trying to unload a truck and hitting his knee on accident. His treatment history has included physical therapy, massage, and psychotherapy with no change in his condition. He noted the pain to be throbbing in the knee and rated at a 3/10 at its best and a 9/10 at its worst. He was taking ibuprofen 200 mg for pain. A physical examination showed that while walking he favored his left leg with a subtle gait disturbance. He appeared to have some preservation of the medial quad on the left side but it was noted to be smaller than the other side for comparison. His strength was preserved but slightly weaker in extension of the knee on the left side. His sensation was intact, he had no trophic changes, hair growth changes, or pseudomotor changes or temperature changes. His surgical sites were noted to be well healed and nontender and his reflexes were 2+ and equal. There was tenderness to palpation along the medial joint line and infrapatellar tendon. Tracking of the patella was fairly good in the midline and just slightly deviating laterally. He had some crepitus on extension and flexion. He was diagnosed with left knee pain status post arthroscopy. The treatment plan was for physical therapy 2 x 5 to the left knee. The rationale for treatment was to attempt to alleviate the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 5 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:** The California MTUS Guidelines recommend physical therapy for 9 to 10 visits over 8 weeks for the injured worker's condition. Based on the clinical documentation submitted for review, the injured worker was noted to have already undergone physical therapy. However, there is a lack of documentation showing that he had an objective improvement in function or a quantitative decrease in pain with therapy to support additional sessions. Also, further clarification is needed regarding exactly how many sessions of physical therapy the injured worker had previously attended. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.