

<b>Case Number:</b>	CM15-0107139		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 68 year old female, who sustained an industrial injury on October 2, 2014. She reported left knee pain. The injured worker was diagnosed as having closed fracture of the upper end of the Tibia and status post open reduction internal fixation of the left tibial plateau fracture. Treatment to date has included diagnostic studies, surgical intervention of the left knee, physical therapy, conservative therapy, medications and work restrictions. Currently, the injured worker complains of continued left knee pain, difficult ambulation and use of assistive device for ambulation. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she used a walker to ambulate and required replacement of an internal screw secondary to continued pain after surgical intervention. Evaluation on November 10, 2014, revealed continued pain as noted. Evaluation on May 27, 2015, revealed continued pain and weakness of the left knee. Physical therapy for the left knee was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Improvement measures Page(s): 98-99, 48.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 24.

**Decision rationale:** The claimant sustained a work injury in October 2014 and underwent ORIF of a left tibial plateau fracture. She had postoperative physical therapy with completion of 12 treatment sessions. When seen, she was having ongoing pain. There was left lower extremity weakness. There was decreased knee range of motion and medial tibial tenderness. Guidelines recommend up to 30 visits over 12 weeks after the claimant's surgery. In this case, the claimant has ongoing weakness and decreased range of motion. The additional number of treatments being requested is within the guideline recommendation and would be expected to include a transition to an independent home exercise program. The request is therefore medically necessary.