

<b>Case Number:</b>	CM15-0140397		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

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:

This injured worker is a 51 year old female who reported an industrial injury on 11-29-2012. Her diagnoses, and or impression, were noted to include: meniscal tear; status-post right knee arthroscopy with partial medial meniscectomy; status-post arthroscopy with synovectomy (3-12-14); and osteoarthritis of the right knee. No current imaging studies were noted. Her treatments were noted to include a home exercise program; medication management; and return to full-time regular duty work. The progress notes of 5-14-2015 reported ongoing right knee pain, chronic in nature, along with pain at the back of the right knee, and the inability to fully extend the right knee. Objective findings were noted to include tenderness at the right knee medial joint, positive crepitus with good range-of-motion, and no instability. The physician's requests for treatments were noted to include physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy Qty: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that there have been prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, no recent physical examination findings have identified any objective functional deficits which would be intended to be treated with the currently requested therapy. Furthermore, it is unclear why 12 sessions would be needed in a patient who is well-versed in a home exercise program. In light of the above issues, the currently requested additional physical therapy is not medically necessary.