

<b>Case Number:</b>	CM15-0148319		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 28 year old female, who sustained an industrial injury on 2-6-2012. The mechanism of injury is unknown. The injured worker was diagnosed as status post arthroscopic partial lateral meniscectomy, patellar tendinitis and unspecified disorder of muscle, ligament and fascia. Right knee X-ray was within normal limits. Treatment to date has included therapy and medication management. In a progress note dated 7-10-2015, the injured worker complains of right knee pain, rated 8 out of 10. Physical examination showed pain at the inferior pole of the patella of the right knee. The treating physician is requesting 12 sessions of physical therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 6 wks right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for 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, the patient has previously had physical therapy after arthroscopic surgery in 2013. The provider is ordering new physical therapy sessions for patella tendonitis. However, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. As such, the current request for physical therapy is not medically necessary.