

<b>Case Number:</b>	CM15-0166116		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 11, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator partially approved a request for six sessions of physical therapy for the knee as three sessions of physical therapy for the knee. An August 11, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had completed 22 sessions of physical therapy over the course of the claim, predominantly involving the wrist. The claims administrator referenced an August 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported ongoing complaints of knee, leg, and hand pain. The applicant was working and tolerating regular duty, the treating provider contended. The applicant had initially sustained a hand fracture, it was suggested. Full range of motion was appreciated about the injured knee, despite mild pain appreciated about the same. Regular duty work was endorsed. The applicant was described as making a slow progress. The applicant had apparently consulted an orthopedist and had been asked to pursue physical therapy for the knee. The attending provider seemingly suggested that the applicant had not had prior physical therapy involving the knee. A knee MRI imaging dated July 22, 2015 was notable for mild superficial edema without internal derangement of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 6 to the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Yes, the request for six sessions of physical therapy for the knee was medically necessary, medically appropriate, and indicated here. The six-session course of physical therapy at issue was in-line with the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. The attending provider suggested on August 11, 2015 and August 24, 2015 that the applicant had not had prior physical therapy involving the knee and that the earlier treatment had targeted the applicant's wrist/hand fracture. Moving forward with the planned six-session course of physical therapy, thus, was indicated to ameliorate the applicant's knee issues. Therefore, the request was medically necessary.