

<b>Case Number:</b>	CM15-0166993		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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 injured worker is a 30-year-old male who sustained an industrial injury on June 4, 2014 resulting in right knee pain with limited range of motion. Diagnoses have included right knee medial meniscus tear, and degenerative joint disorder. Documented treatment includes 8 recent physical therapy sessions which is stated to have begun to show some improvement, but the injured worker continues to experience right knee pain, locking and catching. The treating physician's plan of care includes 8 additional sessions of physical therapy for the right knee. Current work status is not available in provided documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy 2 times a week for 4 weeks (8) for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Physical Therapy.

**Decision rationale:** MTUS Guidelines consider up to 10 sessions of physical therapy instruction as adequate for chronic musculoskeletal conditions to guide an individual into an appropriate rehabilitation program with follow up independent exercises and self-protective behaviors. ODG Guidelines are more specific recommending up to 9 sessions of therapy instruction as adequate for this individual's diagnosis. There is no documented rationale why this individual cannot follow through with continued strengthening and modalities on a self-motivated basis. A few sessions may be reasonable to assure a matured home program, but this request significantly exceeds Guidelines and there is no exception basis to support this. The request to continue physical therapy 2 times a week for 4 weeks (8) for the right knee is not medically necessary.