

<b>Case Number:</b>	CM15-0183283		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 4-27-12. Medical records indicate that the injured worker is undergoing treatment for left knee ligament-cartridge tears, displacement of cervical intervertebral disc without myelopathy, tear of the of lateral cartilage of meniscus of the knee (current), thoracic spine sprain-strain, multiple lumbar spine disc bulges, bilateral shoulder sprain-strain, bilateral carpal tunnel syndrome, bilateral plantar fasciitis, anxiety and depression. The injured worker was noted to be temporarily totally disabled. On (8-26-15) the injured worker complained of frequent, intermittent moderate right knee pain and stiffness. The injured worker also noted left knee, left wrist, low back, neck, mid-back, bilateral shoulder and foot pain. Examination of the right knee revealed mild to moderate palpable tenderness, decreased swelling, less weakness and an improved range of motion. A McMurray's sign was positive. The treating physician noted that the injured workers pain was decreasing and his range of motion was improving due to post-operative physiotherapy. Therefore, he recommended additional physiotherapy and therapeutic exercises. Treatment and evaluation to date has included medications, right knee MRI (2013), right knee x-rays, post-operative physical therapy (unspecified amount), a Genutrain brace and a right knee arthroscopy and partial meniscectomy (2-23-15). A current medication list was not provided in the medical records. The request for authorization dated 8-26-15 includes a request for physiotherapy and therapeutic exercises 2 times a week for 4 weeks to the right knee. The Utilization Review documentation dated 9-3-15 non-certified the request for physiotherapy and therapeutic exercises 2 times a week for 4 weeks to the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PT and Therapeutic Exercises 2x4 Right Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy and therapeutic exercises two times per week times four weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnosis (according to the issue) is right knee ligament/cartilage tear February 23, 2015. For additional diagnoses see the progress note dated August 26, 2015. Date of injury is April 27, 2012. Request for authorization is August 28, 2015. According to a May 4, 2015 physical therapy progress note, the injured worker completed eight sessions of physical therapy with a good response. According to an August 26, 2015 progress note, the injured worker has moderate pain, although the right knee is improving. Objectively, there is tenderness to palpation with decreased range of motion. Utilization review indicates the injured worker received 24 sessions of physical therapy. There is no documentation indicating objective functional improvement associated with the 24 sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (12 sessions over 12 weeks) is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, documentation indicating the injured worker received 24 sessions of physical therapy and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy and therapeutic exercises two times per week times four weeks to the right knee is not medically necessary.