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| <b>Case Number:</b>   | CM15-0200491 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 10/13/2012 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 43 year old, male who sustained a work related injury on 10-13-12. A review of the medical records shows he is being treated for right knee pain. In the progress notes dated 9-24-15, the injured worker reports doing well overall. His right knee is "quiet". On physical exam dated 9-24-15, he has passive right knee range of motion 0-130 degrees. He has marked quadriceps atrophy and fairly significant quadriceps dysfunction. He has neutral alignment. Treatments have included right knee surgery on 5-20-15 and 18 sessions of physical therapy. No notation of working status. The treatment plan includes a request for more physical therapy. In the Utilization Review dated 9-30-15, the requested treatment of 18 sessions of physical therapy to the right knee is modified to 6 sessions of physical therapy to right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of outpatient physical therapy to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Physical medicine treatment.

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.