

<b>Case Number:</b>	CM15-0205317		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

### 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 32 year old male who sustained an industrial injury on 6-24-2015. A review of medical records indicates the injured worker is being treated for left ankle sprain strain rule out internal derangement, right knee sprain strain rule out internal derangement rule out meniscal tear, right shoulder sprain strain rule out internal derangement, and head contusion. Medical records dated 9-15-2015 noted pain in the right knee and left ankle. Pain was rated a 3-4 out of 10. Physical examination of the right knee revealed 3+ tenderness over the medial joint line on the right. Examination of the left knee revealed 3+ tenderness over the lateral aspect of the left ankle. Treatment has included X-rays, knee brace, and foot support. Medications have included Tylenol and naproxen. There have been at least 3 visits of physical therapy. Utilization review form dated 10-2-2015 noncertified physical therapy right knee 2x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, right knee 2 X3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering, and the Restoration of Function page 114, Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Medicine Guidelines.

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

**Decision rationale:** The patient presents on 09/15/15 with right knee and left ankle pain rated 3-4/10. The patient's date of injury is 06/24/15. The request is for physical therapy, right knee 2X3. The RFA is dated 09/24/15, though an identical request is included in RFA dated 08/27/15. Physical examination dated 09/15/15 reveals 3+ tenderness to palpation over the right knee medial joint line and positive McMurray's sign on the right, and tenderness to palpation over the lateral aspect of the left ankle. The patient's current medication regimen is not provided. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency - from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 6 sessions of physical therapy sessions for this patient's ongoing knee pain, the provider has exceeded guideline recommendations. This patient has completed at least 6 physical therapy sessions for his knee complaint to date, the last on 07/21/15. For complaints of this nature, MTUS guidelines support 8-10 physical therapy treatments plus active self-directed home medicine. Were the request for 4 physical therapy visits (bringing the total to 10), the recommendation would be for approval. However, the request for 6 treatments in addition to the 6 already completed exceeds MTUS recommendations and cannot be substantiated. Therefore, the request is not medically necessary.