

<b>Case Number:</b>	CM15-0208966		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

This is a 25 year old male who sustained a work-related injury on 11-18-14. Medical record documentation on 9-30-15 revealed the injured worker was seven months status post left knee arthroscopy and tibial eminence fracture repair on 3-3-15. He noted significant improvement in his overall subjective and objective improvements. He had minimal to no pain and continued to participate in physical therapy two times per week. He completed at least 10 physical therapy sessions from 3-19-15 through 7-15-15 and was also working out on his own. His residual complaints included difficulty running and occasional feelings that his leg would give out. Objective findings include a normal non-antalgic gait using his functional knee brace. His left knee range of motion was from 5 degrees of extension and to 140 degrees of flexion. His knee was stable to varus and valgus stress at 0 and 30 degrees. He had a negative Lachman and negative posterior drawer test. The injured worker had mild anteromedial and anterolateral tenderness to palpation. The recommendation included additional physical therapy, transdermal cream. A request for 12 sessions of physical therapy for the left knee was received on 10-2-15. On 10-9-15, the Utilization Review physician determined 12 sessions of physical therapy for the left knee was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions to the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**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. Therefore, the request is not medically necessary.