

<b>Case Number:</b>	CM15-0209476		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/12/2015
<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: California, Hawaii

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 44 year old male, who sustained an industrial injury on 05-04-2014. A review of the medical records indicates that the worker is undergoing treatment for sprains and strains of the knee, patellofemoral pain of the left knee and left knee contusion. Subjective complaints (08-14-2015 and 09-25-2015) included pain and tenderness of the left knee. Objective findings (08-14-2015 and 09-25-2015) included minor pain and pulling to the medial side with varus and valgus stress test, difficulty squatting with slight load shifting off the left side and positive McMurray's sign on 09-25-2015. Treatment has included pain medication, physical therapy and corticosteroid injections. A qualified medical examiner report on 08-05-2015 indicated that the worker had a total of 12 visits of physical therapy but that treatment was incomplete and that there was incomplete quad strengthening exercises. The physician noted that additional physical therapy requests were appropriate. There was no evidence of objective functional improvement with prior therapy visits. During the 09-25-2015 visit, the physician noted that as per QME recommendations up to 24 visits of physical therapy would be appropriate and that a request for physical therapy of the knee was being made. A utilization review dated 10-12-2015 modified a request for physical therapy from 3x4 visits to certification of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 3x4 to the left knee: Upheld**

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

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

**Decision rationale:** The patient presents with pain and tenderness to the left knee with difficulty moving. The current diagnosis is a sprain/strain with contusion of the knee. The current request is for additional physical therapy 3x4 to the left knee. The treating physician report dated 9/25/15 states, As recommended by [REDACTED] (AME), a request is made for physical therapy to the left knee three times a week for four weeks. The MTUS guidelines recommend 8-10 sessions of physical therapy for patients with myalgia and neuritis type symptoms and then the patient is expected to continue on with a home exercise program. In this case, the treating physician has not documented that the patient has had any recent surgery. While the patient may require some physical therapy treatment, the current request for 12 sessions exceeds the MTUS guidelines. The utilization review physician modified the request to 6 sessions to allow exercise training and then transfer to a home exercise program. The current request is not medically necessary.