

<b>Case Number:</b>	CM15-0020253		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Pain Management

### 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 59 year old female, who sustained an industrial injury on March 19, 2012. The mechanism of injury is unknown. The diagnoses have included internal derangement of the knees. Treatment to date has included injection to the knee, exercises, medication and diagnostic studies. Currently, the injured worker complains of increasing pain in the right knee rated as a 5-6 on a 1-10 pain scale. Right knee range of motion was flexion 100 degrees and extension 10 degrees. On January 9, 2015, Utilization Review non-certified physiotherapy 2 x 3 to the right knee, noting the CA MTUS and Official Disability Guidelines. On February 3, 2015, the injured worker submitted an application for Independent Medical Review for review of physiotherapy 2 x 3 to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy for the right knee, twice weekly for three weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter and Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),  
Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6-visit trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that the patient has undergone physical therapy for the knee previously. Additionally, the patient has decreased range of motion on physical examination and has recently undergone a steroid injection in hopes of improving the knee complaints. As such, a trial of physical therapy is supported by guidelines. Therefore, the currently requested physical therapy is medically necessary.