

<b>Case Number:</b>	CM15-0022213		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 10/25/2013. He has reported left knee pain. The diagnoses have included left knee contusion; left knee popliteal pain; and hamstring tendinitis. Treatment to date has included medications and physical therapy. X-ray of the left knee, performed on 12/17/2014, revealed no signs of joint space narrowing or osteoarthritis; and good alignment with no evidence of fracture or lesions. Currently, the IW complains of persistent pain in the left knee, rated at 5/10 on the visual analog scale; physical therapy did not help pain or function; pain is made better with rest, Tramadol, and Excedrin. A progress note from the treating physician, dated 12/17/2014, reports objective findings to include tenderness to palpation over the popliteal fossa of the left knee; and decreased range of motion with flexion and extension. The treatment plan has included request for additional course of physical therapy for additional strengthening to increase his functionality, range of motion, and decrease his pain. On 01/06/2015 Utilization Review non-certified Physical therapy 2 times a week for 6 weeks for the left knee. The MTUS, ACOEM Guidelines was cited. On 02/05/2015, the injured worker submitted an application for IMR for review of Physical therapy 2 times a week for 6 weeks for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM- Pain, Suffering and the restoration of Function, pages 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Leg and Knee; physical therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: “Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.” Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states “Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.” There is insufficient documentation showing the functional benefits and improvements from the previous sessions of physical therapy and there was no goal setting for future sessions. Therefore, the request for 12 additional sessions of physical therapy for the left knee is not medically necessary.