

<b>Case Number:</b>	CM15-0219907		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 1-28-15. Medical records indicate that the injured worker is undergoing treatment for a right knee sprain with an anterior cruciate ligament and posterior cruciate ligament tear, right knee severe tendinosis and right foot strain. The injured worker is currently temporarily totally disabled. On (9-17-15) the injured worker reported increased pain and difficulty with range of motion of his right knee. The injured worker had right knee surgery on 5-1-15. The pain was is in the distal quadriceps and tibial tubercle area. The right knee pain was worse with prolonged standing, bending, walking, lifting, pushing and pulling. The injured worker also noted pain in the top of the right foot and ankle area. The pain was rated 4-5 out of 10 on the visual analog scale. Examination of the right knee revealed swelling with moderate tenderness of the distal patellar port, tibial tubercle, distal quadriceps and parapatellar region. Flexion was 115 degrees. Treatment and evaluation to date has included medications, x-rays of the knees, MRI of the right knee, post-operative physical therapy (10) and a right knee meniscectomy on 5-1-15. The injured worker was attending physical therapy which was noted to be helping, but it didn't appear to help a lot. The treating physician noted that the injured worker would require increased physical therapy and time to heal and recuperate from the knee surgery. Current medications include Norco. The current treatment request is for physical therapy two times a week for eight weeks for the right knee. The Utilization Review documentation dated 10-30-15 non-certified the request for physical therapy two times a week for eight weeks for the right knee.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the right knee twice a week for eight weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and 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. Additionally, prior therapy was of limited benefit. The records do not support the request for additional physical therapy visits in this individual with chronic pain and is not medically necessary.