

<b>Case Number:</b>	CM15-0031944		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Tennessee  
 Certification(s)/Specialty: Emergency 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 37-year-old male, who sustained an industrial injury on 5/14/2013. The diagnoses have included left knee pain, contusion, patellar dislocation, non-displaced lateral tibial plateau fracture. Treatment to date has included conservative measures, including physical therapy. Currently, the injured worker complains of thoracic region and neck pain and left knee pain, rated 4-5/10. X-ray of the left knee, dated 5/15/2013, was documented as normal. Magnetic resonance imaging of the left knee, dated 6/05/2013, was documented as showing significant contusion with subchondral fracture of the tibial plateau, with contusion of the tibiofibular joint, and mild patellar tendinopathy. Tenderness was noted at the left knee joint line. Left knee extension was normal and flexion was limited to 90 degrees. Strength was 4+/5 in the left knee extension and flexion. Results of prior physical therapy sessions were not documented. On 1/22/2015, Utilization Review non-certified a request for physical therapy 8-12 sessions, left knee, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8-12 Sessions for Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 8-12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. In addition there is no documented benefit from prior physical therapy. The request should not be authorized.