

<b>Case Number:</b>	CM15-0035628		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 42 year old female injured worker suffered an industrial injury on 6/15/2013. The diagnoses were right knee crush injury, partial ligament tear, and meniscal tear. The treatments were medications, surgery 4/25/2014 and physical therapy. The treating provider reported persistent right knee pain. On exam, there was mild inflammation with tenderness along with restricted range of motion. The Utilization Review Determination on 1/26/2015 non-certified 6 physical therapy visits for the right knee, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy visits for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions to the right knee is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee crush injury; status post right knee surgery; right knee pain; medication induced gastritis; anterior cruciate ligament partial thickness tear; and lateral meniscus tear. The date of injury was June 15, 2013. The injured worker underwent arthroscopy on April 25, 2014. The documentation in the record from an October 20, 2014 progress note states physical therapy is helping. In a December 2014 progress note an additional request for physical therapy two times per week times six weeks was submitted. There are no physical therapy notes in the medical record. The documentation does not contain evidence of objective functional improvement (with prior physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts to warrant additional physical therapy, physical therapy six sessions to the right knee is not medically necessary.