

<b>Case Number:</b>	CM15-0038137		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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 Jersey  
 Certification(s)/Specialty: Family Practice

### 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 8/19/2013. The diagnoses have included adhesive capsulitis of shoulder, sprains and strains of unspecified site of shoulder and upper arm, and sprains and strains of unspecified site of knee and leg. Treatment to date has included conservative measures. Currently, the injured worker complains of pain in the lumbar spine, right shoulder, left knee, and left leg. Left knee pain was rated 5-6/10. Medications included Motrin, Fluoxetine, and Kera-Tek analgesic gel. Urine drug screening (1/12/2015) was inconsistent with documented medications. Exam of the left knee noted palpable tenderness over the medial portion, positive patellofemoral grind test, and flexion 120/150 degrees. Magnetic resonance imaging of the left knee, dated 9/04/2014, noted degenerative changes, with possible thinning and fraying of the medial and lateral menisci, mild sprain of the anterior cruciate and collateral ligaments, and moderate to large effusion. Treatment plan included a course of physical therapy (2x4) for the left knee, to restore functional loss. A Utilization Review decision date of 2/02/2015 was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for 4 weeks for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, it was reported that he had not yet had formal physical therapy for his left knee and was requested to have 8 sessions over 4 weeks. The previous reviewer suggested that home exercises would be sufficient. However, in the opinion of the reviewer, 8 sessions of supervised therapy would be appropriate to help train the worker to perform home exercises more effectively once completed. Therefore, the physical therapy twice a week for 4 weeks for the left knee is medically necessary and appropriate.