

<b>Case Number:</b>	CM15-0047659		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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  
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 46-year-old male, who sustained an industrial injury on 6/2/14. He reported left knee injury. The injured worker was diagnosed as having knee pain, joint pain, and internal derangement of knee and long-term use of prescriptions. Treatment to date has included oral medications including opioids, activity restrictions. Currently, the injured worker complains of continued left knee pain with lower extremity weakness. The injured worker states the current medication is helpful and he is exercising light at home. On physical exam, tenderness is noted over the medial aspect of the left knee and pain on external rotation of the knee. The treatment plan included 4 weeks of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 for the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, Chronic Pain Treatment Guidelines Active therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Physical Medicine Guidelines.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality under the physical medicine guidelines. These guidelines state that physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. The MTUS Guidelines also comment on the number of recommended sessions of physical therapy. These are as follows: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has previously received approximately 10 sessions of physical therapy. It would be expected that this included instruction towards a self-directed home exercise program. Therefore, the request for physical therapy sessions 3 times a week for 4 weeks for the left knee is not considered as medically necessary. It should be noted in the Utilization Review process the request was modified to allow for 2 sessions of physical therapy. This is consistent with the MTUS guidelines and should allow instruction towards a home exercise program.