

<b>Case Number:</b>	CM15-0051396		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 29-year-old male who sustained an industrial injury on 11/07/2014. Diagnoses include left knee sprain, left ankle sprain and left knee joint pain. Treatment to date has included medications, physical therapy and activity modification. Diagnostics performed to date included x-rays and MRIs. According to the progress report dated 2/17/15, the IW reported left knee pain and discomfort and left ankle/foot pain and discomfort. The IW was using Motrin for pain, but it was not effective; the primary treating physician changed the order to Mobic. Physical therapy twice weekly for three weeks for the left knee and left ankle was requested as per the therapist's report and to transfer to a home program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xWk x 3Wks for the left knee and left ankle, QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The attached medical record indicates that the injured employee has had a knee and ankle sprain. The progress note dated February 17, 2015 indicates improvement with the injured employees symptoms and participation in a home exercise program. Eight sessions of physical therapy had previously been rendered. Considering the injured employees previous improvement, guideline recommendations, diagnosis, and current home exercise participation, this request for additional physical therapy for the left knee and ankle is not medically necessary.