

<b>Case Number:</b>	CM15-0053092		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 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 51 year old, female who sustained a work related injury on 5/9/09. The diagnoses have included internal derangement of left knee and chronic pain syndrome. Treatments have included x-ray of left knee on 1/13/15, hot/cold wrap, MRI of left knee, regular brace for knee, left knee injections and medications. In the PR-2 dated 1/13/15, the injured worker complains of left knee pain. She has instability along the knee with anterior drawer test being positive and has had chance of incident collapsing. Weight loss of 120 pounds since bariatric surgery has not improved her knee. The treatment plan is a request for authorization 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 visits 2 times a week for 6 weeks for left 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 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, whose injury was years prior to this request for physical therapy, there was insufficient evidence to show the worker was unable to perform home exercises for her left knee. Also, if the worker needed some assistance and instruction with exercises, as much as 2-3 supervised physical therapy sessions might have been sufficient to help her transition to home exercises successfully and not 12 supervised sessions, which is excessive. Therefore, the request for 12 sessions of physical therapy of the left knee will be considered medically unnecessary.