

<b>Case Number:</b>	CM15-0055139		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 injured worker is a 54 year old male who sustained a work related injury November 20, 2013. Past history included diabetes, myocardial infarction, s/p right knee arthroscopic anterior cruciate ligament reconstruction and partial lateral and medial meniscectomies, August, 2014, s/p left knee arthroscopic surgery 30 years ago. According to a primary treating physician's progress report, dated February 20, 2015, the injured worker presented with worsening bilateral knee pain, right worse than left. He cannot stand or walk for long periods of time and has difficulty climbing stairs. There is right knee tenderness mainly over the medial joint line and a slight varus deformity. Treatment plan included an additional 12 sessions of physical therapy to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions (2x6) for the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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 12 sessions (two times per week times six weeks) 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 ACL tear right knee status post ACL reconstruction August 12, 2014; and bilaterally contusion. The requesting physician is ordering an additional 12 physical therapy visits over and above 12 physical therapy sessions previously rendered. The utilization review indicates injured worker received 24 physical therapy sessions. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no prior physical therapy notes or documentation and no evidence of objective functional improvement with ongoing physical therapy. Additionally, there are no compelling clinical facts in the medical record warranting additional physical therapy. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy documentation, compelling clinical facts warranting additional physical therapy (over and above the recommended 24 sessions over 16 weeks), physical therapy 12 sessions (two times per week times six weeks) to the right knee is not medically necessary.