

<b>Case Number:</b>	CM15-0234776		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	08/09/2015
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: North Carolina  
 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 36 year old, male who sustained a work related injury on 8-9-15. A review of the medical records shows he is being treated for left knee injury. In the progress notes dated 10-21-15, the injured worker reports "he feels a lot better." "He states that he is progressively improving." He reports increased pain at the patellar tendon area. Upon physical exam dated 10-21-15, he has left knee range of motion 0 to 130 degrees. He has point tenderness at the patella. Treatments have included physical therapy-8 sessions so far, use of left knee brace and use of crutches. Current medications include-not listed. No notation of working status. The treatment plan includes requests for continuing physical therapy. The Request for Authorization dated 11-10-15 has request for additional physical therapy. In the Utilization Review dated 11-17-15, the requested treatment of physical therapy 2 x 6 to left knee was modified to physical therapy x 3 sessions to left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x12 visits left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in

Workers' Compensation, Knee and Leg (Acute and Chronic) Physical Medicine Treatment, Physical Medicine Guidelines, Preface.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines:-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.