

<b>Case Number:</b>	CM13-0006316		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/28/2003
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services.

### 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 patient is a 52-year-old male with a reported date of injury on 03/28/2003. The patient presented with pain and discomfort to the right knee, well-healed arthroscopic portals of the right knee, tenderness to the anterior talofibular ligament of the right ankle and a positive drawer test. The patient previously attended physical therapy and underwent a revision of the right knee arthroscopy on 05/25/2012. The patient had diagnoses including status post patellar tendon rupture with a history of a previous right knee arthroscopy with revision, excision of parameniscal cyst in 10/2010, status post revision of the right knee arthroscopy, diabetes and osteoarthritis of the lower leg. The physician's treatment plan included a request for physical therapy 2 times 6 for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 2x6 for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 8 to 10 sessions of physical therapy over 4 weeks. The guidelines also recommend that patients should undergo a 6 session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. Per the provided documentation, it appears that the patient has attended 12 sessions of physical therapy to date as of 05/01/2013. Within the provided documentation, it was unclear if the patient made significant objective functional improvements with the course of physical therapy. Additionally, the request for 12 additional sessions of physical therapy would further exceed the guideline recommendations. Therefore, the request for continued physical therapy 2 times 6 for the right knee is neither medically necessary nor appropriate.