

<b>Case Number:</b>	CM14-0128269		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 06/12/2010. The date of the utilization review under appeal is 08/07/2014. The patient's primary diagnosis is a malunion of a fracture. On 06/05/2014, the patient was seen in orthopedic follow-up. The patient was noted to have a history of a left open tibia fracture treated with intramedullary nailing and later nail exchange for a tibial nonunion and then subsequent good healing. The patient was also noted to have a history of a left talus post-traumatic avascular necrosis, status post ankle arthroscopy, and core drilling of the talus. The patient was also status post open reduction and internal fixation of the left medial malleolus. The patient reported that overall, he was doing reasonably well but over 6 weeks had developed recurrent anterior knee pain and a sense of some mild swelling after activity. The treatment plan included topical anti-inflammatory medication including baclofen and gabapentin as well as a Bauerfeind support brace and home physical therapy exercises as instructed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 Times a Week for Three Weeks, Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Table 13-6 Summary of Recommendation for Evaluating and Managing.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends transition to active independent home rehabilitation. The treatment guidelines anticipate that this patient would have previously transitioned to such an independent home rehabilitation program. The records do not provide an alternate rationale as to why this patient instead would require additional supervised physical therapy. This request is not medically necessary.