

<b>Case Number:</b>	CM14-0141057		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Illinois. 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 injured worker is a 58-year-old male who reported an injury on 10/08/2011 due to overuse of the right knee. The injured worker had a history of right knee pain. The diagnoses included right knee ambulation dysfunction, right knee meniscal injury, and right knee internal derangement. Prior surgeries included arthroscopic repair of the right knee dated 04/12/2012 and a right total knee arthroplasty on 04/07/2014. The past treatments included physical therapy, medications, ice, assistance of a cane, and a knee brace. The objective findings dated 04/01/2014 of the right knee revealed range of motion of 0 to 90 degrees, with tenderness on palpation along the medial joint line, and patellofemoral crepitus with patellar compression. Valgus and varus stress tests were painless and stable. Anterior and posterior drawer tests were negative with mild cool effusion. Unknown medications. The treatment plan included physical therapy. The Request for Authorization was not submitted with documentation. The rationale for the physical therapy was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

**Decision rationale:** The request for physical therapy #12 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires the internal effort of the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical notes indicated that the injured worker had already had physical therapy. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The clinical notes did not indicate any special circumstances to warrant additional therapy. As such, the request is not medically necessary.