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| <b>Case Number:</b>   | CM14-0142813 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 03/07/2013 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 08/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 & 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 26-year-old female who reported an injury on 03/07/2013. The mechanism of injury reportedly occurred when she struck her left knee against an escalator step. Past treatments included physical therapy. Diagnostic studies included MRI of the knee. Diagnosis is lower leg pain in joint. On 07/23/2014, the injured worker was seen for knee pain. She was seen for orthopedic evaluation, and was told she needed soft tissue therapy because her pain was about the same. Going up and down stairs increased the pain. There was no knee buckling, but she felt her left knee was weaker than the right. Upon examination there was tenderness to palpation of the patellar tendon and the medial joint line. The injured worker resisted knee extension. Medications included Naprosyn 500 mg as needed for knee pain; with food (it helped reduce the discomfort 2 to 3 times a week) and Omeprazole 20 mg (is not causing any GI symptoms). The request is for physical therapy twice a week for 4 weeks. The rationale for physical therapy is soft tissue manipulation. The Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy twice a week for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Therapy

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

**Decision rationale:** The request for physical therapy twice a week for 4 weeks is non-certified. The injured worker has a history of knee pain. The CA MTUS guidelines recognize passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. There is lack of documentation as to the body part requested for physical therapy. The injured worker had received 10 or more physical therapy sessions previously. The injury is over a year and a half old, and has had adequate time for healing. She continues to complain of left knee pain and weakness that was not relieved by previous treatment. It is unclear if she is using a home exercise program or if the request of the doctor recommended a home exercise program. There is lack of recent documentation as to the patient's progress. As such, the request is non-certified.

