

<b>Case Number:</b>	CM14-0143148		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 injured worker is a 65-year-old male who reported an injury on 04/18/2007. While in the break room at work the injured worker was sitting on a chair and the chair broke and he started to fall to the floor and grabbed himself with the table. Coworkers had to help him up. The injured worker complained of neck, upper back, lower back, right shoulder, left shoulder, and left knee pain. The diagnoses included cervical spine disc bulges, cervical or thoracic spine strain, lumbar spine strain, probable right shoulder internal derangement, probable left shoulder internal derangement, prior left knee surgery, and left knee internal derangement. Prior treatment diagnostics included an MRI to the lower back and the neck. The injured worker had left knee surgery in 2004. Other treatments included physical therapy twice a week for multiple modalities and a left knee arthroscopic surgery/arthroscopy, physical therapy brace, and medication. The injured worker used a cane to assist with ambulation. The objective findings dated 09/02/2014 revealed light touch sensation to the right mid anterior thigh, right mid lateral calf, right lateral ankle intact. No medications provided, no VAS (visual analog scale) provided. Plan included left knee physical therapy times 6 sessions. The request for authorization was dated 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Physical Therapy x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Left Knee Physical Therapy x6 is not medically necessary. The California 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 an internal effort by 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 guidelines recommend up to 10 visits of physical therapy. There was lack of documentation indicating the injured worker's prior course of therapy as well as the efficacy of prior surgery was effective. The objective findings were vague. No reasoning or complaints as to why the request for physical therapy for the left knee. As such, the request is not medically necessary.