

<b>Case Number:</b>	CM14-0145822		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Internal Medicine 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 38 year old female who reported a date of injury of 10/21/2013. The injured worker had diagnoses of lower leg joint pain, left knee sprain with lateral meniscal tear and status post left knee arthroscopy with residual pain. Prior treatments included physical therapy. Diagnostic studies were not indicated within the medical records received. Surgeries included left knee arthroscopy of unknown date. The injured worker had complaints of left knee pain with compensatory right knee and hip pain. The clinical note dated 07/24/2014, did not have any examination findings noted. Medications were not included within the medical records received. The treatment plan included the physician's recommendation for physical therapy and a MR arthrogram of the left knee. The rationale and request for authorization form were not included within the medical records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy visits for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The request for 18 physical therapy visits for the right knee is not medically necessary. The injured worker had complaints of left knee pain with compensatory right knee and hip pain. The California MTUS guidelines recommend 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. Patients 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 9-10 sessions over 8 weeks of physical therapy allowing for fading of treatment frequency from up to 3 sessions per week to 1 or less, plus active self-directed home physical therapy. The guidelines recommend 9-10 sessions of physical therapy for the injured worker's condition, however, it is noted the injured worker completed 15 physical therapy sessions as of 03/06/2014. An additional 18 sessions of physical therapy exceeds the recommended guidelines. Furthermore, there is a lack of documentation of functional gains indicating the injured worker benefited from therapy to warrant additional physical therapy. Additionally, the request is for physical therapy to the right knee; however, there is a lack of documentation the injured worker has significant functional deficits of the right knee. As such, the request is not medically necessary.