

<b>Case Number:</b>	CM14-0160539		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of September 17, 2013. A utilization review determination dated September 4, 2014 recommends non-certification of physical therapy for the left knee and ankle. Since the patient has previously completed 12 sessions of physical therapy for this injury, modification was recommended to certify 6 additional therapy sessions. A physical therapy prescription dated August 25, 2014 requests 12 sessions of therapy for the left knee and left ankle. Diagnoses include pain in the ankle and foot and ankle sprain and strain. A progress report dated August 25, 2014 identifies that the patient has been gaining some strength with regard to the left extremity. She has been undergoing "courses of physical therapy." On January 24, 2014 she underwent an arthroscopy for medial meniscus debridement. She also has a history of ACL reconstruction with microfracture of the trochlear. Physical examination reveals patellofemoral crepitus and positive grind test with 4/5 strength. The left ankle shows full range of motion with 4/5 strength. Diagnoses include left knee and left ankle injury, left knee ACL reconstruction, status post arthroscopy of the left knee for bucket handle tear of the medial meniscus, and status post Kenalog injection. The treatment plan recommends 12 additional sessions of physical therapy. The note states that the patient has undergone 6 surgical interventions for the left knee and states that she will therefore need more formal physical therapy to continue working on strengthening. She is noted to be making excellent progress recently and is very happy with her progress and feels better than she has a long time. A progress report dated July 21, 2014 indicates that the patient has range of motion of 0-115 of flexion in the knee. A progress note dated June 9, 2014 indicates that the patient has 0-110 of flexion in the neat with a gait that limits her full extension while walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy of the Left Knee and Left Ankle 2x6: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 337-338, 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy, Ankle & Foot Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The ODG recommends 12 therapy visits following meniscus repair, 16-52 visits for abnormality of the gait, and 24 therapy visits for ACL reconstruction. Within the documentation available for review, there is documentation of completion of prior PT sessions with objective functional improvement with the previous sessions and remaining deficits. Due to the patient's multiple complex diagnoses, and prolonged treatment course, it therefore seems reasonable to continue with therapy to address the patient's remaining functional deficits. As such, the currently requested additional physical therapy is medically necessary.