

<b>Case Number:</b>	CM14-0179078		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 New York. 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 29 year old male who reported an injury on 07/10/2014. The injury reportedly occurred while he was running down stairs and he felt a sharp pain in right knee. He is diagnosed with right knee strain. His past treatments included medications and physical therapy. An MRI of the right knee was performed on 09/05/2014, which revealed normal findings. On 09/22/2014, the injured worker reported 3/10 pain to his right knee and stated he is doing well but still feels weak and physical therapy is helping. Upon physical examination of his right knee, he was noted to have normal flexion and extension and a normal gait. His current medications were not provided. The treatment plan included 4 additional physical therapy sessions to continue to strengthen to help him transition to independency. The most recent note dated 09/24/2014, the injured worker stated he feels stronger but right knee is still weak. The injured worker was noted to be fatigued with lunges and the plan was to continue physical therapy. A specific rationale was not provided for the request. A Request for Authorization was submitted on 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 Additional Physical Therapy Sessions to the Right Knee: Upheld**

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

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

**Decision rationale:** The request for 4 Additional physical therapy sessions to the right knee is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9-10 visits of physical therapy for unspecified myalgia and myositis. The clinical documentation provided, indicated that the injured worker had an overall improvement in his condition; however, there is a lack of documentation demonstrating evidence of objective, quantifiable improvements with the prior physical therapy. Furthermore, the documentation provided does not clearly show how many previous physical therapy visits, the number completed, and whether he had objective functional improvement with treatments. In the most recent clinical note, there was lack of evidence of significant objective functional deficits for which continued physical therapy would be needed. The request for 4 additional sessions of physical therapy cannot be supported at this time. As such, the request is not medically necessary.