

<b>Case Number:</b>	CM14-0190296		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family 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 30-year-old male who experienced in an industrial injury 09/25/12 which affected his right knee. He sought medical treatment due to the right knee pain. Diagnoses were chondromalacia of patella - dislocation of patella, closed. He had surgery done to the right knee but he still has some locking in the right knee and his gait was minimally antalgic. There were 12 visits of physical therapy authorized but he only attended 6 visits. It was not noted that the patient had any type of objective functional improvement or any increase in the range of motion from the physical therapy. The California Medical Treatment Utilization Schedule recommends 12 visits over 12 weeks. Based on his ongoing functional deficits, additional physical therapy would be reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 6 weeks right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be

tapered and transition into a self-directed home program. Passive therapy 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. Guidelines indicate that for myalgia and myositis, 9-10 visits over 8 weeks is appropriate. The request is not reasonable as patient has already had therapy without documentation of objective functional improvement through prior therapy and it is unclear why patient cannot be directed to self help by now.