

<b>Case Number:</b>	CM14-0217803		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male who sustained an industrial injury on 09/27/2011. Diagnoses include knee joint fusion, knee synovitis and left leg joint pain. Treatment to date has included medications, surgery, and physical therapy. A physician progress note dated 12/15/2014 documents the injured worker reports he has a difficult time going downstairs and he has occasional instability and muscle weakness. He has a mildly antalgic gait, and minimal swelling of the left knees. Range of motion is restricted. He has intermittent sharp pains medially and laterally. The injured worker is making gradual improvements with physical therapy. Treatment requested is for 10 Additional Sessions of Physical Therapy for the Left Knee. On 12/29/2014 Utilization Review non-certified the request for 10 additional sessions of physical therapy for the left knee, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Physical Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Additional Sessions of Physical Therapy for the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, and Physical Medicine Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, although he complained of continued symptoms of pain and instability of his left knee, he had already completed more than the recommended number of supervised physical therapy sessions. There was also no evidence to suggest the worker was unable to perform home exercises to continue his long-term physical medicine. Therefore, there is insufficient evidence to warrant a continuation of supervised physical therapy, and the additional 8 sessions will be considered medically unnecessary.