

<b>Case Number:</b>	CM14-0218654		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Arizona, California  
 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:

This is a 61 year old female who suffered an industrial related injury on 8/2/14 after falling to her knees. A physician's report dated 8/24/14 noted diagnoses included contusion of the knee, diabetes, hand pain, head injury, knee injury, knee pain, and shoulder impingement syndrome. The physical examination of bilateral knees revealed no pain on palpation, no joint laxity, and no effusion. On 12/12/14 the utilization review (UR) physician modified the request for physical therapy 3 times per week for 6 weeks for the right knee. The request was modified to 6 sessions. The UR physician noted the Medical Treatment Utilization Schedule guidelines recommend initial and follow up visits of education, counseling, and evaluation of a home exercise program; follow up visits 1-2x per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for six weeks for the right knee, QTY: 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 341, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee pain /Therapy

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. According to the ODG guidelines, therapy for knee contusion is limited to 9-12 sessions over 8 weeks. In this case, there was no indication that therapy cannot be completed at home. In addition, the amount of sessions requested exceeds that of the guideline recommendations. The request therefore for 18 sessions of physical therapy is not medically necessary.