

<b>Case Number:</b>	CM15-0005659		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old male who reported an injury on 06/15/2011, due to an unspecified mechanism of injury. On 01/05/2015, he presented for a follow-up evaluation. He continued to complain of pain in the left knee and it was noted that he underwent an arthroscopic surgery on 04/03/2013 with revision on 07/09/2014, but remained symptomatic. He was noted to be taking Norco 10/325 mg, Soma, Neurontin and Anaprox, which have all been beneficial. He also continued to experience myospasms across the low back, but it was noted that these were manageable on his medications. A physical examination of the left knee showed 5/5 strength and a positive straight leg raise. Sensation was noted to be decreased along the posterior lateral thigh and lateral calf bilateral, right greater than the left. He was diagnosed with cervical myoligamentous injury, bilateral upper extremity radicular symptoms, lumbar myoligamentous injury and left knee status post arthroscopic surgery. The treatment plan was for physical therapy 2 times a week for 4 weeks for the left knee. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 4 weeks left 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:** The California MTUS Guidelines recommend physical therapy from 9 to 10 visits over 8 weeks for the injured workers condition. There is a lack of documentation showing that the injured worker has any significant functional deficits to support the request for physical therapy for the left knee. Also, further clarification is needed regarding his prior treatments, and whether or not he had undergone physical therapy for the left knee in the past to address the same injury. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.