

<b>Case Number:</b>	CM15-0014228		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Emergency Medicine

### 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 45 year old male who sustained a work related injury February 20, 2008. While walking, he fell down on a piece of wood hurting his right knee. Past history included diabetes, hypercholesterolemia, low back pain, depression and suicidal thoughts, s/p right knee arthroscopy and correction 2008 and 2012. According to a physician's progress report, dated January 9, 2015, physical examination revealed tenderness to palpation, right knee, without warmth swelling or erythema. There is a well healed surgical incisions at medial and lateral aspects of the anterior knee and tenderness to palpation at the medial joint line; negative McMurray's. Diagnosis is documented as pain in joint lower leg. Treatment plan included continue medications and a request for authorization for physical therapy for the right knee. According to utilization review dated January 16, 2015, the request for Physical Therapy x (6) visits Right Knee is non-certified, citing MTUS Chronic Pain, Physical Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 6 visits right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346. Decision based on Non-MTUS Citation Knee, Physical therapy

**Decision rationale:** The requested Physical Therapy x 6 visits right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and ODG, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The treating physician has documented tenderness to palpation, right knee, without warmth swelling or erythema. There is a well healed surgical incisions at medial and lateral aspects of the anterior knee and tenderness to palpation at the medial joint line; negative McMurray's. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, which should have provided sufficient opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy x 6 visits right knee is not medically necessary.