

<b>Case Number:</b>	CM15-0014762		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male sustained a work-related right knee injury on 8/19/2013. According to the progress notes dated 11/7/2014, the injured worker's (IW) diagnoses are right knee joint pain, osteochondritis dissecans of the right knee and osteoarthritis of the right knee. He reports constant right knee pain that radiates to the medial right calf. Previous treatment includes medications, physical therapy, surgery and home exercise. The treating provider requests physical therapy twice weekly for three weeks for the right knee. The Utilization Review on 1/12/2015 non-certified physical therapy twice weekly for three weeks for the right knee, citing California MTUS Knee Complaints guidelines and Official Disability Guidelines-Preface, Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (Acute & Chronic) Physical Medicine Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for chronic right knee pain. He underwent physical therapy in November 2014. In terms of physical therapy, the claimant has already had recent treatment. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore the requested additional therapy was not medically necessary.