

<b>Case Number:</b>	CM15-0014812		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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:

The injured worker is a 43 year old male, who sustained a work/ industrial injury to left knee and right hip on 8/16/11 while cleaning bleachers at a school and fell. He has reported symptoms of pain in the left knee rated 5/10. The right hip was tight but not painful. Prior medical history included arthritis, obesity, and anxiety disorder. The diagnoses have included left knee chondromalacia and left knee medial meniscus of the anterior horn. Treatment to date has included diagnostics, steroid injection, physical therapy, and use of an Interferential Current Equipment (IFC). A left knee arthroscopy was performed on 1/8/14. A MR Arthrogram of the left knee noted a tear of the medial meniscus and tricompartmental chondromalacia. The treating physician's exam, as of 12/2/14, demonstrated flexion of 120/130 and a positive patellar grind test. A request was made for Physiotherapy. On 1/2/15 Utilization Review modified Physiotherapy 2 x week x 6 weeks (for 12 sessions) to left knee to Physiotherapy 6 visits for left knee, (quantity 6), noting the California Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy two (2) times a week for six (6) weeks, left knee (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 173-174, 203-204, 234-235, 264-265, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 3 years status post work-related injury and continues to be treated for right knee pain. He underwent arthroscopy in January 2014. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy. 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. Additionally, the number of additional visits requested is in excess of that recommended and therefore not medically necessary.