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| <b>Case Number:</b>   | CM15-0016900 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 02/15/2011 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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: New York  
 Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 2/15/11. He has reported left knee injury. The diagnoses have included early medial compartment arthropathy bilateral knees, status post arthroscopy right knee and synovectomy. Treatment to date has included physical therapy, synovectomy and medications. Magnetic resonance Arthrogram dated 12/23/14 revealed no evidence of medial meniscal tear. Currently, the injured worker complains of intermittent left knee pain, medial area. On physical exam dated 1/5/15, mild tenderness is noted to palpation of left knee at medial joint line with slight crepitus of patella. On 1/23/15 Utilization Review non-certified physical therapy 2 times a week for 4 weeks of left knee, noting the request is not consistent with guidelines. The MTUS, ACOEM Guidelines and ODG were cited. On 1/23/15, the injured worker submitted an application for IMR for review of physical therapy 2 times a week for 4 weeks of left knee.

### 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 4 weeks for the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Physical Therapy Page(s): 98.

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of knee pain. Recommendations state that for most patients with more severe acute and subacute pain conditions physical therapy is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant received appropriate physical therapy post-surgery. He is now 4 months post-surgery and should be able to perform a home exercise program. There is no specific indication for additional physical therapy sessions according to CA MTUS Guidelines. Medical necessity for the requested 8 additional physical therapy sessions has not been established. The requested service is not medically necessary.