

<b>Case Number:</b>	CM15-0111652		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, 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 49 year old female, who sustained an industrial injury on 09/09/2013. She has reported injury to the right knee. The diagnoses have included right knee pain; right knee osteoarthritis; and status post right knee arthroscopic partial medial meniscectomy and lateral release, on 06/20/2014. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Naprosyn, Motrin, and Omeprazole. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reported the right knee is much better since the last appointment when she had an injection; she was sent back to work at light duty, but they didn't have it; and taking Motrin and Omeprazole on a regular basis relieves the effects of her industrial injury, an allows her to function at her current level. Objective findings included continuing with the sitting work only, no more frequent standing or walking; and hopefully, at the next appointment in one month, we can send her back to full duty. The treatment plan has included the request for physical therapy 2 times a week for 4 weeks for the right 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 right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Knee Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.