

<b>Case Number:</b>	CM15-0116643		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	03/20/2015
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 66 year old female sustained an industrial injury on 3/20/15. She subsequently reported knee pain. Diagnoses include osteoarthritis and sprain of knee and leg. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, there was tenderness on the left knee medial joint line and patella. Strength and range of motion are within normal limits. A request for Physical therapy 3 times a week for 2 weeks for the left knee (6) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 2 weeks for the left knee (6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in March 2015 and is being treated for left knee pain. When seen, she had completed six therapy sessions. Pain was rated at 4/10. She was having pain with movement and with squatting. There was patellar tenderness with normal range of motion and strength. An MRI of the left knee included findings of osteoarthritis, chondromalacia, and a chronic medial meniscus tear. Guidelines recommend up to 9 visits over 8 weeks for the supported diagnoses. In this case, the additional therapy being requested is in excess of that recommended or what might be expected to be needed to finalize the claimant's home exercise program. Providing this number of additional skilled physical therapy sessions would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.