

<b>Case Number:</b>	CM15-0117656		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Indiana, 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 59-year-old male who sustained an industrial injury on 5/28/2014 resulting in right knee pain. The initial diagnosis is not present in the provided medical records. His recent diagnoses include status post right knee arthroscopy; right knee chondromalacia; and, right knee degenerative arthritis. Treatment has included arthroscopy, partial medial meniscectomy, and chondroplasty; ice; use of a knee brace; oral and topical pain medication; lidocaine injection; physical therapy; and, home exercise. He has reported some pain relief from these treatments. The injured worker continues to report right knee pain, swelling and medial joint pain. The treating physician's plan of care includes a physical therapy re-evaluation and 12 visits. He is on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy re-evaluation for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy reevaluation right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee degenerative arthritis with medial joint space narrowing; and right foot plantar fasciitis improved. Documentation from a December 15, 2014 progress note shows the injured worker received physical therapy visit #11. A second progress note dated December 29, 2014 also states the injured worker received #11 physical therapy visits. The injured worker completed all exercises without difficulty. The request for authorization is dated June 11, 2015. Progress note dated June 1, 2015 states the injured worker subjectively complains of right knee pain and swelling. Objectively, there is medial joint line tenderness with crepitus on range of motion. Documentation does not demonstrate objective functional improvement from ongoing physical therapy (11 visits). There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is indicated, physical therapy reevaluation right knee is not medically necessary.

**Physical therapy 2 times a week for 6 weeks for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee degenerative arthritis with medial joint space narrowing; and right foot plantar fasciitis improved. Documentation from a December 15, 2014 progress note shows the injured worker received physical therapy visit #11. A second progress note dated December 29, 2014 also states the injured worker received #11 physical therapy visits. The injured worker completed all exercises without difficulty. The request for authorization is dated June 11, 2015. Progress note dated June 1, 2015 states the injured worker subjectively complains of right knee pain and swelling. Objectively, there is medial joint line tenderness with crepitus on range of motion. Documentation does not demonstrate objective functional improvement from ongoing

physical therapy (11 visits). There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is indicated, physical therapy two times per week for six weeks to the right knee is not medically necessary.