

<b>Case Number:</b>	CM15-0126616		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 43 year-old male, who sustained an industrial injury on August 29, 2014, incurring left knee injuries. Magnetic Resonance Imaging of the knee and x rays of the left knee were performed. In January, 2015, the injured worker underwent a left knee arthroscopy. He was diagnosed with a thoracic sprain, lumbosacral sprain, and patellar subluxation. The left knee arthroscopy revealed normal findings. Treatment included pain medications, anti-inflammatory drugs, and physical therapy and work restrictions. Currently, the injured worker complained of pain in the left knee radiating into the legs and lower back. He complained of numbness and tingling of the left knee. He noted swelling, tenderness, stiffness and increased overall pain. He had difficulty bending, standing, squatting, lifting and twisting secondary to the pain in the left knee. The treatment plan that was requested for authorization included 12 sessions of physical therapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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 for the left knee, 12 sessions 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 probable patellar subluxation; lumbosacral sprain; status post left knee arthroscopy with normal findings; and thoracic sprain. The date of injury is August 29, 2014. Request for authorization is dated June 19, 2015. The UR documentation indicates the injured worker completed 18 physical therapy sessions. The injured worker underwent left knee arthroscopy January 23, 2015. The medical record contains 26 pages. According to an April 22, 2015 progress note, 12 physical therapy sessions were approved, the injured worker received #4 physical therapy sessions only. The worker developed back pain as a result of physical therapy and was unable to complete the 12 authorized sessions. According to a May 20, 2015 progress note, eight additional sessions were approved. There is no clinical indication or rationale for an 12 additional physical therapy sessions to left knee. Consequently, absent clinical documentation with a clinical rationale for an additional 12 physical therapy sessions, evidence of objective functional improvement from the initial 12 sessions and compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy for the left knee, 12 sessions is not medically necessary.