

<b>Case Number:</b>	CM15-0173428		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 injured worker is a 48 year old female who reported an industrial injury on 3-10-2014. Her diagnoses, and or impressions, were noted to include: pain in joint involving lower leg; and knee pain. No current imaging studies were noted. Her treatments were noted to include: physical therapy and a return to full work duties. The progress notes of 8-24-2015 reported right knee pain that was helped by physical therapy but with return of pain in-between sessions. Objective findings were noted to include right knee range-of-motion that was between 0-135 degrees, with mild patellofemoral crepitus, tenderness that was greater along the medial joint line than the lateral; and continued tenderness in the patella tendon. It was noted that all treatment options were discussed and that she wished to avoid anything invasive. The physician's request for treatments was for physical therapy 8 sessions. The Request for Authorization, dated 8-24-2015, was for physical therapy 8 sessions was noted in the medical records provided. The Utilization Review of 9-2-2015 modified the request for physical therapy for the right knee, quantity 8, to a quantity of 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Right Knee # 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 2014 and is being treated for right knee pain. When seen, physical therapy treatments were helping during the treatments but her pain was returning in between sessions. Physical examination findings included mild patellofemoral crepitus. There was medial joint line tenderness with less lateral tenderness. There was patellar tendon tenderness. She was continued at unrestricted work. Additional physical therapy was requested. Prior physical therapy includes 12 sessions from April 2014 to June 2014. Case notes reference completion of an additional 8 sessions. In terms of physical therapy for this condition, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy in excess of that recommended including two courses of treatment. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments which may be occurring in this case. The request is not medically necessary.