

<b>Case Number:</b>	CM15-0179146		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 52 year old male, who sustained an industrial injury on 07-27-2015. The injured worker was diagnosed as having pain in joint lower leg. On medical records dated 07-27-2015, subjective complaints were noted as chronic right knee pain. The objective findings were noted as gait being antalgic, but ambulated without assistance. Right knee was noted to have tenderness to palpation over the anterior right knee joint. Range of motion was decreased by 20% with flexion and 10% with extension. The injured worker was noted to be permanent and stationary. The injured worker was noted to be status post a right knee replacement surgery (per documentation 5 years ago) but still had residual pain. Treatment to date included 6 sessions of physical therapy and medication. Current medication was listed as Prilosec, Cyclobenzaprine-Flexeril, Hydrocodonebit-APAP and Nabumetone-Relafen. The Utilization Review (UR) was dated 07-27-2015. A Request for Authorization was dated 08-06-2015 requested 6 session of physical therapy for the right knee. The UR submitted for this medical review indicated that the request for physical therapy 6 treatments (right knee) was modified 3 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 treatments (right knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy 6 treatments (right knee) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the patient just recently completed 6 visits. An additional 6 would exceed guideline recommendations for this condition. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.