

<b>Case Number:</b>	CM15-0023547		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 7/13/2013. She has reported she tripped and fell and twisted the right knee. The diagnoses have included edema, muscle spasms, sprain of knee, contusion of knee, and pain of limb. Treatment to date has included physical therapy and supartz injections. Currently, the Injured Worker complains of right knee pain rated 7/10 VAS. Physical examination 2/5/15 documented pain and edema of the right knee. The plan of care included medication, physical therapy, joint injections, and possible surgery. On 1/26/2015 Utilization Review non-certified eight (8) sessions of physical therapy, work hardening, noting the documentation did not include objective functional deficits to support the medical necessity of the requested treatments. The MTUS Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of eight (8) sessions of physical therapy, work hardening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy- work hardening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/ Conditioning Page(s): 125-126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. 8 sessions of physical therapy-work hardening is not medically necessary.