

<b>Case Number:</b>	CM15-0064484		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 3/8/14. The injured worker has left knee chronic insertional patellar tendinitis, left knee possible medial meniscus tear and lateral tibial plateau bone edema. The injured worker has left knee and leg pain. The diagnoses have included contusion/sprain/strain of the left knee, rule out internal derangement. Treatment to date has included X-rays; magnetic resonance imaging (MRI) which showed a minor tear; physical therapy; ultram for pain and feldene for inflammation. The request was for additional outpatient physical therapy twice a week to the left knee/leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient physical therapy twice a week to the left knee/leg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for left knee pain. Treatments have included physical therapy. When seen, imaging results were reviewed. The claimant's diagnosis continues to be patellar tendinitis. In terms of treatment for patellar tendinitis, guidelines recommend up to 9 physical therapy sessions over 8 weeks. In this case, the number being requested is in excess of that recommended. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the requested therapy was not medically necessary.