

<b>Case Number:</b>	CM15-0069018		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 63 year old male, who sustained an industrial injury on 6/27/11. He reported pain in his left knee. The injured worker was diagnosed as having left knee injury and status post left knee replacement. Treatment to date has included a left knee MRI, a left knee replacement in 5/2013 and physical therapy. On 11/21/14, the AME physician noted loss of flexion and extension and a 5-6mm anterior laxity in the left knee. As of the PR2 dated 3/26/15, the injured worker reported moderate pain and weakness in his left knee. The treating physician requested an additional physical therapy x 12 sessions 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 Qty. 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** Guidelines state that physical medicine is recommended for instruction in a home exercise program and allows 9 visits over 8 weeks for treatment of joint pain in the knee. In this case, the records submitted do not indicate the amount of therapy previously administered nor the amount and duration of any functional benefit obtained from it. The records also do not indicate a substantive change in the health condition necessary to warrant continued physical therapy. The request for physical therapy for the left knee #12 is not medically appropriate and necessary.