

<b>Case Number:</b>	CM15-0073903		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 11/03/2014. She reported knee pain after a fall. The injured worker was diagnosed as having left knee contusion, patellofemoral syndrome, and primary localized osteoarthritis of the knee. A history of prior Achilles repair was noted. Treatment to date has included conservative measures, including physical therapy. Currently (3/31/2015), the injured worker reports significant improvement and found McConnell taping to be effective. Full extension with flexion to 115 degrees was documented. She was to continue home exercises. Medication use was not described. On 4/02/2015, she felt able to try full duty work and continue physical therapy. The treatment plan included continued physical therapy for the left knee at 1x weekly for 3-4 weeks. The physical therapy note (2/25/2015) noted 6/8 visits to date with recommendation for additional 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy once weekly for 3-4 weeks for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further PT treatment beyond extensive sessions already rendered. Review of submitted reports had patient stopping PT due to increased pain from treatment. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further PT treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Physical therapy once weekly for 3-4 weeks for left knee is not medically necessary and appropriate.