

<b>Case Number:</b>	CM15-0079515		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Hawaii  
 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 43-year-old male injured worker suffered an industrial injury on 04/02/2012. The diagnoses included lumbar fusion, left knee patellar tendinopathy, and iliotibial band friction syndrome. The diagnostics included lumbar computerized tomography myelogram and left knee magnetic resonance imaging with left knee x-rays. The injured worker had been treated with physical therapy. On 2/26/2015, the treating provider reported there was pain in the left knee when walking without swelling. The treatment plan included Physical therapy 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, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Physical therapy for the left knee, 12 sessions. The treating physician report dated 2/26/15 (49B) states, "I would consider supervised physical therapy 2 times a week for 6 weeks in order for them to be instructed on proper stretching, including use of a foam roller and working to decrease their inflammation and increase their quad strength. I believe that as the IT band loosens and their strength improves, their symptoms will decrease." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical report provided, does not show that the patient has received prior physical therapy. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. Recommendation is for denial. This is not medically necessary.