

<b>Case Number:</b>	CM15-0098815		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/23/1998
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 (IW) is a 69-year-old male who sustained an industrial injury on 11/23/1998. Diagnoses include long-term use of meds NEC and pain in joint, lower leg. Treatment to date has included medications and physical therapy. According to the progress notes dated 4/9/15, the IW reported right knee pain. He fell down some stairs recently when the right knee gave out. X-rays of the knee were reportedly normal. On examination, range of motion was decreased by 20% in both knees, but both have full extension. Significant crepitus and grinding was present with motion of the right knee. Posterior drawer test of the right knee revealed clicking. A request was made for six outpatient physical therapy sessions to the right knee, twice weekly for three weeks, to further strengthen the knee and prevent instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Outpatient Physical Therapy to The Right Knee 2x3 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, table 2.

**Decision rationale:** The claimant suffered a knee injury in 1998 and has had little change in symptoms in many years. He suffered a recent fall in which he states his right knee "gave out." X-rays were reportedly negative for fracture. He has received physical therapy and medications and his knee has improved. He is no longer requiring a cane. At this time, there is a request for additional knee PT twice weekly for 3 weeks. At this point, the patient should be performing a home exercise program and continued PT is not medically necessary.