

<b>Case Number:</b>	CM17-0015348		
<b>Date Assigned:</b>	01/25/2017	<b>Date of Injury:</b>	10/23/2016
<b>Decision Date:</b>	02/17/2017	<b>UR Denial Date:</b>	12/19/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2017

### 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: Preventive Medicine, Occupational 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 was a 29 year old male, who sustained an industrial injury on October 23, 2016. The injured worker was undergoing treatment for right knee sprain and right knee pain. According to the progress note of December 6, 2016; the right knee pain was rated at 5-6 out of 10. The injured worker was feeling about 10-15% better. The physical therapy helped with flexibility. The injured worker reported that physical therapy was significantly helpful with pain and intermittent buckling sensation. According to progress note of December 8, 2016, the injured worker's chief complaint was right knee pain. The objective findings were minimal swelling at the superior aspect. There was tenderness at the lateral patella with mild to moderate stiffness and pain that moved over the patella to the medial knee. The flexion was limited to 95-100 degrees by pain. The extension was limited to -5 degrees by pain. There was tightness at the superior aspect with both Valgus and Varus maneuvers. There was no crepitus or clicking. The injured worker walked with intermittent pain, but no antalgic gait. The injured worker previously received the following treatments Ibuprofen, right knee MRI and 6 sessions of physical therapy for the right knee. The RFA (request for authorization) dated the following treatment was requested; physical therapy 2 times a week for 4 weeks (8 sessions) for the right knee. The UR (utilization review board) denied certification on December 19, 2016; for physical therapy 2 times a week for 4 weeks for the right knee.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, 2 times a week for 4 weeks, right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section/Physical Medicine Topic.

**Decision rationale:** The injured worker is acutely injured, therefore the Chronic Pain Treatment Guidelines do not apply. ODG recommends physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The ODG recommends 12 physical therapy sessions over 8 weeks for sprains and strains of the knee. In this case, the injured worker was diagnosed with a knee sprain and is reported to have completed 6 sessions of physical therapy with benefit. The request for an additional 8 physical therapy sessions is determined to be medically necessary because the injured worker has reported benefit from previous sessions and because they will exceed guideline recommendations by only 2 sessions. The guidelines recommend that physical therapy should be replaced by a self-directed home exercise program after completion of the recommended sessions. The request for physical therapy, 2 times a week for 4 weeks, right knee is determined to be medically necessary.