

<b>Case Number:</b>	CM13-0014557		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who slipped and fell in water while carrying a box of avocados and injured her low back, left knee and left ankle on 11/23/2011. The patient subsequently had a second injury sustained on 02/02/2012 after plastic baskets fell on her causing injuries to her head, face, left shoulder and left wrist. Plain view x-rays performed on 07/09/2012 of the left knee revealed no abnormalities. An MR arthrogram of the left knee performed on 06/27/2012 reported a subtle tear of the posterior horn of the medial meniscus and a mild joint effusion. For treatment, the patient underwent cortisone injections to the left knee on 08/20/2012 and again on 01/07/2013. On 03/25/2013, the patient was seen again and was noted as having normal motion of the left knee with some tenderness. On the 06/19/2013 followup, the patient had intermittent severe left knee pain, headaches and left eye pain. The patient used oral and topical medications, but the patient was noted as having decreased left knee range of motion. The physician is now requesting physical therapy for the left knee at 18 visits 3 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) for the left knee 18 visits 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to California MTUS Guidelines, active therapy for diagnosis of myalgia and myositis unspecified is 9 to 10 visits over 8 weeks, and for neuralgia, neuritis and radiculitis unspecified is 8 to 10 visits over 4 weeks. As noted in the documentation provided, the patient has had ongoing complaints of chronic left knee pain. However, the request for 18 visits of physical therapy exceeds the maximum allowance per California MTUS Guidelines. Therefore, the requested service is non-certified.