

<b>Case Number:</b>	CM13-0023916		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/27/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 and is licensed to practice in Illinois. 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 45 year old female who reported an incident on 06/27/2010. The mechanism of injury was a fall. The most recent clinical note dated 12/12/2013 was the Doctor's First Report of Occupational Injury/Illness. The patient complained of constant pain in the right knee which radiated to the ankle and hip. Objective findings included tenderness along the lumbar paraspinous muscle, right sacroiliac joint, and the sciatic notch. The patient had right antalgic gait. The supine Lasegue's test is positive bilaterally. The patient diagnoses were right knee contusion and internal derangement with lateral collateral. The patient was prescribed Norco 5 mg, Prilosec, topical cream, and naproxen. Review of the medical record revealed the patient underwent right knee surgery with [REDACTED] on 12/02/2011, and an attachment for the Doctor's First Report of Injury/Illness noted that the patient underwent a second revision surgery on her right knee on 09/05/2012, and a third surgery on 02/01/2013. The patient reported frequent constipation and heartburn in addition to anxiety, insomnia, and depression. There is tenderness noted along the right knee medial and lateral joint line. McMurray's test and Apley's test were positive

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to Right knee 2x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

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

**Decision rationale:** Due to the length of time that has passed since the most recent surgery for the patient's knee, California MTUS postsurgical guidelines are not applicable. California MTUS Guidelines for Physical Medicine recommend up to 10 visits for the patient's diagnosis. It is mentioned in the clinical record that the patient has received some previous physical therapy. The amount of physical therapy was not specified in the medical record. Therefore, the decision for physical therapy to the right knee 2 times a week times 4 weeks, which would total 8 visits cannot be certified at this time as it would exceed the recommended number of visits per California MTUS.