

<b>Case Number:</b>	CM13-0025040		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Orthopedic Surgeon, and is licensed to practice in Louisiana 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 58-year-old female who reported an injury on 10/26/2010. The mechanism of injury information was not provided in the medical records. The patient's diagnoses include medial meniscus tear to the left, unchanged. Review of the medical record reports that the patient was noted to have osteoarthritis and meniscal tear, and has failed conservative treatment consisting of medications, corticosteroids, and physical therapy. The patient did undergo a left knee arthroscopic meniscal repair and chondroplasty on 04/08/2011. To date, the patient has received and completed 62 postoperative physical therapy sessions. The most recent clinical note dated 10/24/2013 reports the patient had received 3 Supartz injections to her left knee. The patient stated her pain level had decreased, as well as the popping and grinding sensation to her left knee, since she had received Supartz injections. She does complain of intermittent swelling in her upper anterior knee, but the patient was currently working full time without restrictions. Objective findings were normal grip strength and normal motor tone bilaterally. Physical assessment of the left knee noted tenderness to palpation in the medial and lateral joint lines, and patellar borders bilaterally. Active range of motion was from 0 to 135, there were no noted ligamentous laxity, and no meniscal signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) PHYSICAL THERAPY (PT) Sessions-Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines for knee and leg.

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

**Decision rationale:** Per California MTUS guidelines therapy can be extended if there is a documented objective finding of functional gain, and decrease in pain, but continued room to further increase quality of life, or functional level. The patient has previously received 62 postop physical therapy sessions. There is no indication in the medical record suggesting that the patient has any functional deficits that would require any further physical therapy treatments. It is noted that in the most recent clinical note, the patient did document decrease in pain and increase in her functional abilities. Therefore, there is no medical necessity for any further physical therapy at this time. Therefore, the request for 6 physical therapy sessions to the left knee is non-certified.