

<b>Case Number:</b>	CM13-0035173		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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 injured worker reported an injury on 11/14/2010 due to a trip and fall. The injured worker underwent an MRI of the right knee on 08/22/2013. It was documented that a meniscal tear was identified involving the posterior horn of the medial meniscus, thinning of the articular cartilage of the medial compartment, degenerative changes involving the articular cartilage of the patellofemoral joint, and small joint effusion with a 5 mm free body within the posterior aspect of the intercondylar notch adjacent otherwise to the medial meniscal root. The injured worker was evaluated on 08/26/2013. It was documented that the injured worker's treatment history included aspiration and Synvisc injections. Physical findings included 2+ medial and 3+ posterior medial joint line tenderness with tenderness to palpation over the anterior medial aspect of the knee. Treatment recommendation was made for physical therapy. The injured worker was evaluated on 09/30/2013. It was documented that the injured worker was to initiate physical therapy. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had undergone 6 physical therapy visits without significant benefit and continued to have swelling in the joint. A request was made for 16 initial physical therapy visits for the right knee. No justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIXTEEN (16) INITIAL PHYSICAL THERAPY FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

**Decision rationale:** The requested 16 initial physical therapy sessions for the right knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends physical therapy to assist with pain complaints, range of motion deficits and weakness. The clinical documentation submitted for review does indicate that the injured worker has persistent right knee pain and range of motion deficits. It is noted within the documentation that the injured worker's range of motion of the right knee is described as 0 degrees in extension to 90 degrees inflexion. California Medical Treatment Utilization Schedule recommends 8 to 10 visits of physical therapy as an appropriate course of treatment for injured workers with myalgia and myositis. The request exceeds that recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 16 initial therapy visits for the right knee is not medically necessary and appropriate.