

<b>Case Number:</b>	CM13-0040173		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 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 74 year female who was injured on 11/29/12 while coming out of the kitchen at [REDACTED]. She was returning from putting something away, walking towards the station when her left foot became stuck under a big mat they had. She toppled forward, landing on her left elbow, left knee and left ankle. The patient received a brace for her left knee and a series of three lubricant injections as well as physical therapy. The MRI of the left knee was performed at [REDACTED] on 1/15/2013 which showed torn anterior cruciate ligament at the level of the left knee, severe osteoarthritis involving the lateral tibial femoral joint and severe degenerative tear of the lateral meniscus and extrusion and severe chondromalacia. The medial meniscus is truncated. There is moderate loss of cartilage involving the medial tibial plateau and medial femoral condyle and sprain of the proximal medial collateral ligament and large effusion. The MRI of the left ankle performed at [REDACTED] dated April 29, 2013 documented stable 2 mm focus of edema within the lateral talar dome. There was involvement of the talar dome but no evidence of an osteochondral defect. There also has been interval improvement in the marrow edema within the talus. Mild to moderate residual reactive marrow edema is seen involving the lateral talus, anterior process of the calcaneus, medial aspect of the lateral malleolus. There is re-demonstration of the edema within the sinus tarsus which may represent sinus tarsus syndrome in the proper clinical setting. On September 5, 2013 the patient is ambulating with a cane in the right hand because the patient has pain on the right heel, cannot stand or bear weight comfortably on the right heel. The patient has antalgic pain on the left side because of pain at the level of the left ankle and left knee. Palpation at the lateral side of the leg was painful with some swelling noticed. Pain and discomfort in the medial lateral side of the ankle was noticed on the right side. Pain on palpation was noticed on the medial and lateral aspect of the left ankle as well as anterior aspect. The left knee revealed on deep palpation over the medial and lateral compartments there

was pain. Patellofemoral joint was painful. McMurray's test was positive for tear for the medial and lateral meniscus at the level of the left knee. Range of motion of the ankles was preserved but slightly diminished on the left side

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

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

**Physical therapy with thermal and electrical modalities and stretching/strengthening, three times a week for eight weeks for the left ankle, left knee and left foot: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities Page(s): 58-59.

**Decision rationale:** According to the California MTUs, "The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." There is no indication in the records provided that the patient had improvement with the 18 prior physical therapy sessions (approximate). The additional requested sessions would not be appropriate.