

<b>Case Number:</b>	CM13-0045146		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/12/2008
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with a date of injury of 08/12/2008. The listed diagnosis per [REDACTED] is chondral defect, right knee, possible meniscal tear. According to report dated 03/29/2013 by [REDACTED], MRI and CT of the right knee were reviewed with the patient. There is a subchondral defect of the lateral tibia and some chondral fissuring along the lateral tibia on the CT. The MRI suggested that "this is a healing process going on." There appeared to be a larger full thickness chondral defect the scan. There is no evidence of lateral meniscal tear or injury. Patient is noted to continue with symptoms of instability and pain. Treater states, "I think it is from her chondral defect." He recommends patient continue to wear her wraparound hinged knee support and resume therapy, "at least twice a week for six to eight weeks."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (12 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with continued complaints of the right knee. The patient is status post right knee arthroscopy dated 08/20/2012. The treater is requesting additional 12-16 physical therapy sessions. The patient is outside of the post surgical time frame; therefore, standard MTUS physical medicine guidelines were consulted. For physical medicine, the MTUS guidelines pg 98, 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. As medical records document, the patient received a course of 23 sessions from 09/25/2012 through 01/17/2013. The last several physical therapy reports from January 2013 indicate the patient continues to report minimal change in symptoms and continues with increased pain with all ADL's. This patient received 23 physical therapy sessions with "minimal change in symptoms." There is no documentation to explain why the treater is requesting additional 12-16 sessions when the last course of 23 produced such minimal benefit with continued "increased pain with all ADL's." In addition, the treater's request exceeds what is recommended by MTUS. Recommendation is for denial.