

<b>Case Number:</b>	CM13-0046906		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Emergency Medicine, and is licensed to practice in New York. 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 37-year-old male who was injured on June 29, 2011, when he fell on some stairs while carrying several weapons. The patient continued to experience left knee pain. An MRI of the left knee was done on May 6, 2013 and showed medical meniscal tear, and fissuring of the articular cartilage. Prior treatment included analgesics, knee brace, physical therapy, cortisone injections, arthroscopic partial lateral meniscectomy, chondroplasty of medial femoral condyle, and limited synovectomy in the suprapatellar region. Physical examination was notable for peripatellar edema.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE:** 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound,

laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. The Official Disability Guidelines state that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the request is for 12 sessions of physical therapy. This exceeds the 6 visits recommended as a trial to determine if the patient is improving. In addition, functional improvement had not been obtained with prior treatment with physical therapy. The request is not certified.