

<b>Case Number:</b>	CM13-0047476		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Family Practice and is licensed to practice in Arizona. 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:

Patient is a 57 year old female with date of injury 12/10/10. Patient has the diagnoses of knee sprain, contusion knee/leg, knee internal derangement, and pain in joint lower leg. Treatments to date include, right knee arthroscopic surgery, with post op physical therapy, knee MRI, left knee joint injection, left knee arthroscopy, partial medial menisectomy, and post-op therapy. Patient complains of constant knee pain. Physical exam shows tender left patella, medial joint line tenderness, with range of motion 0-100 degrees, and difficulty squatting and duck walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional physical therapy 2x4 left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend fading of treatment therapy from 3 visits per week to 1 or less, plus active self-directed home exercises. Knee physical medicine for bucket handle tear, derangement of meniscus, loose body in knee, is 12 visits for 12 weeks, within 4 months of surgery. For this patient physical therapy request was 7 months post-op and there has already been 40 post-op

physical therapy sessions. Submitted documentation does not indicate that there has been any functional improvement with previous physical therapy. Due to the amount of previous therapy, additional therapy is not consistent with MTUS guidelines for postoperative physical therapy or chronic pain therapy. Therefore, the medical necessity of additional physical therapy 2 times a week for 4 weeks is not established.