

<b>Case Number:</b>	CM13-0052389		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Geriatrics, 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 injured worker is a 22 year old woman with a date of injury of 4/4/11. He is status post right meniscal and ACL repair in 11/12. She was seen by his physician on 9/12/13 complaining of intermittent moderate right knee pain aggravated by kneeling and squatting. Her exam showed a well healed right knee scar with spasm and tenderness medially with a positive A-P and P-A Drawer test on the right. Her diagnoses were meniscal and ACL repair right knee, bursitis right knee and sprain/strain of cruciate ligament right knee. She showed functional improvement with increase range of motion from 113 to 120 degrees in right knee flexion. At issue in this review is an additional 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEKS FOR RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home therapy. In this injured worker,

physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for an additional 6 physical therapy visits in this individual with chronic right knee pain.