

<b>Case Number:</b>	CM13-0055595		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 50 year old woman who sustained a work-related injury on October 26, 2013. subsequently she developed to chronic right knee pain. The patient underwent right knee arthroscopy with partial lateral meniscectomy on April 10, 2013 as well right knee ACL reconstruction on May 22, 2013. subsequently, the patient was complaining of pain from standing all day. Her physical examination demonstrated moderate quadriceps atrophy with preservation of range of motion. She had already 30 postoperative physical therapy sessions. Her provider requested authorization for additional physical therapy sessions

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy 2x6 @ industrial physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

**Decision rationale:** According to MTUS guidelines, 24 sessions of physical therapy is the maximum number of sessions for the patient condition. There is no documentation that the patient have a functional deficit that requires more physical therapy and she is more a candidate

for a full independent home rehabilitation program. Furthermore, there is no documentation of that objectives and goals of the prescribed physical therapy. There is no clear justification of the length and frequency of prescribed physical therapy. Therefore, the prescription of continue physical therapy 2x6 @ industrial physical therapy is not medically necessary.