

<b>Case Number:</b>	CM13-0058687		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 is licensed to practice in Texas. 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 who reported an injury on 12/09/2012. The patient reportedly twisted his left knee while chasing a suspect up an escalator. The patient is currently diagnosed with left large medial femoral condyle defect and patellofemoral degeneration, status post left knee arthroscopy on 02/22/2013, right knee sprain, and lumbar spondylosis with radicular symptoms. The patient was seen by [REDACTED] on 11/25/2013. The patient reported 8/10 pain. Physical examination revealed full strength in the bilateral lower extremities with the exception of the left quadriceps, atrophy of the left quadriceps, intact sensation, and negative straight leg raise. Treatment recommendations included MRI of the lumbar spine and continuation of current medication. It is also noted that the patient was awaiting authorization for viscosupplementation injections and physical therapy, requested by [REDACTED]. Physician's Progress Reports by [REDACTED] were not provided for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-3 week x 3 weeks equaling 6 sessions, Left Knee:** 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 Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines will allow for fading of treatment frequency, plus active, self-directed home physical medicine. It is noted that the patient has completed 18 sessions of physical therapy without relief. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.