

<b>Case Number:</b>	CM13-0068310		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 66-year-old male who reported injury on 11/01/2008. The specific mechanism of injury was not provided. The patient underwent a left knee total knee replacement in March of 2013. The patient had 12 visits of physical therapy. The physical examination on 11/14/2013 revealed the patient had right knee pain of 7/10. The objective findings of the right knee examination revealed the patient had a positive medial lateral stability test, Lachman's test, and McMurray's test. The diagnosis included internal derangement of the right knee. The request was made for physical therapy 3 times per week for 4 weeks for the bilateral knees with left knee post-op strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 visits to 10 visits for myalgia and myositis. The clinical

documentation submitted for review indicated the patient had right knee pain. There were 12 visits noted. There was a lack of documentation indicating if the prior treatment was for the left or right knee. If it was for the right knee, there was a lack of documentation indicating functional benefits and remaining functional deficits. The request as submitted failed to indicate a quantity of visits being requested. Given the above, the request for Physical therapy right knee is not medically necessary.