

<b>Case Number:</b>	CM13-0070366		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 & Rehabilitation 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 36-year-old male injured on 08/28/2009 when he fell directly onto left knee while working. On 11/23/09, MRI of the left knee showed increased signal in the mid and dorsal fibers of the ACL; however, ventral fibers of the ACL are intact and a complete tear of is not noted; suggest progression of ACL sprain, mild to moderate. On 06/25/10, the patient underwent left knee arthroscopy with partial lateral meniscectomy and had postop physical therapy. A note dated 11/19/13 indicates patient complained of pain to left knee. On exam, left knee and range of motion of 0-120 degrees with slight crepitus with flexion and extension and light swelling to left knee and anterior drawer WNL. Tenderness to palpation was over medial joint line, Lachman WNL, lateral joint line WNL, tenderness to palpation over medial retinaculum. Diagnosis was left knee patellofemoral chondromalacia with VMO atrophy, partial ACL tear of the left knee and lateral meniscal tear, possible lateral meniscus tear of the left knee. Treatment plan was authorization for MRI of the left knee to rule out meniscal tear left knee and authorization for physical therapy 3x4 to decrease pain and increase ROM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (12 SESSIONS):** Upheld

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

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

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. In this case, the provider has requested 12 sessions of physical therapy to decrease pain and increase ROM. The patient presented with left knee pain, and on physical exam there was slight crepitus with flexion and slight swelling. ROM was 0-120. There was tenderness to medial joint line and medial retinaculum. This patient has had left knee arthroscopy surgery in 2010 had unknown sessions of postop physical therapy already. There is no documentation of objective functional improvement or improved pain level from the prior physical therapy treatment. Guidelines also indicate that patients should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Thus, the request for 12 sessions of physical therapy to left knee is not medically necessary and is non-certified.

**AN MRI OF THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, Table 13-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRI.

**Decision rationale:** As per the CA MTUS guidelines and ODG, soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In this case, the patient presented with left knee pain, and on physical exam there was slight crepitus with flexion and slight swelling. ROM was 0-120. There was tenderness to medial joint line and medial retinaculum. The provider has requested MRI of the left knee to rule out meniscal tear left knee. There is documentation of subjective and objective findings that confirms the need for a MRI of left knee. The medical necessity has been established and the request is certified.