

<b>Case Number:</b>	CM14-0001690		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 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:

This is a 49 y/o female injured worker with date of injury 3/10/13 with related left knee pain and stiffness. Per 12/4/13 progress report, physical examination showed that there was improved range of motion, about 80 percent of normal. The flexion was to 120 degrees and extension was to 5 degrees. There was mild quadriceps atrophy and mild pain with crepitation through range of motion. She was diagnosed with left knee pain and tear of medial cartilage or meniscus of knee. She is status post left knee arthroscopic surgery 11/12/13, and an unspecified surgery dated 4/20/00. MRI of the left knee dated 4/29/13 revealed medial meniscal intrasubstance and undersurface changes consistent with tearing; lateral meniscal focal intrasubstance heterogeneity at the anterior horn root attachment; diffuse anterior cruciate ligament changes consistent with advanced mucoid degenerative change; oblong ganglion along the posterior central joint line; chondral thinning and partial thickness fissuring, no evidence of full-thickness chondral defect; mild tricompartmental osteoarthritic spurring; small joint effusion. She has been treated with home exercise program, physical therapy, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS, LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Medicine Section.

**Decision rationale:** Review of the documentation submitted for review indicates that the injured worker was participating in post-surgical physical therapy. However, it is not specified how many sessions were completed or what her clinical and functional response was to the treatment. These additional visits were not justified by identification of exceptional factors of circumstances and are not in accordance to the guidelines. The request is not medically necessary or appropriate.