

<b>Case Number:</b>	CM14-0001911		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/07/1999
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/17/2013
<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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 36-year-old female who was reportedly injured on July 7, 1999. The mechanism of injury was noted as a slip and fall injuring the right knee. The most recent progress note dated December 12, 2013, indicated that there were ongoing complaints of right knee pain. Current medications were stated to include Norco, Nortriptyline, Protonix and a laxative. The physical examination demonstrated full right knee range of motion and strength. There was a positive patella femoral grind test and a positive patellar apprehension sign. There was tenderness over the patellar tendon on the medial and lateral sides. There was a diagnosis of right knee chondromalacia. Physical therapy and a right knee patellar tracking brace were recommended. A request had been made for right knee physical therapy and was not certified in the pre-authorization process on December 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR RIGHT KNEE, 2X WEEK X 4 WEEKS, TOTAL OF 8 VISITS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG:) Knee & Leg (Acute & Chronic), Physical therapy, updated June 5, 2014.

**Decision rationale:** It has been nearly 14 years since the stated date of injury, and it is likely that the injured employee has previously participated in some physical therapy. Not all medical records are apparently available for review and there are no notes in the attached medical records stating whether the injured employee has previously attended physical therapy or what previous efficacy it did have. Without this information, this request for physical therapy of the right knee are not medically necessary.