

<b>Case Number:</b>	CM14-0003248		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 injured worker is a 30-year-old female, who reported an injury on 09/11/2009. The mechanism of injury was reported to be caused by hitting the left knee with a van door as the injured worker was opening the door. According to the clinical note dated 12/20/2013, the injured worker reported continued pain to the left knee with some swelling. She also reported difficulty with bending, squatting, crawling and climbing stairs. According to the physical exam on that day there was no instability, however, there was tenderness in the parapatellar area. The McMurray's test was negative. According to the MRI of the left knee dated 01/14/2013, there was minimal globular increased signal intensity in posterior horn of the medial meniscus most consistent with minimal intrasubstance degeneration. Although, no tear was specifically found it could not be ruled out. According to the clinical note dated 11/22/2013, there was no indication of swelling, weakness or decreased range of motion. The McMurray's and Lachman's tests were both negative. Flexion of the left knee was 135 degrees and extension was 180 degrees, strength was 5/5 and deep tendon reflexes were 2+. In the same note, it was reported that the injured worker had completed 10 sessions of physical therapy between 09/21/09 and 10/30/09. The diagnoses reported for the injured worker include chondromalacia patella of the left knee, anterior left knee pain, per anserine bursitis of the left knee, and possible internal derangement of the left knee. The request for authorization for medical treatment was dated 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation REED GROUP/THE MEDICAL DISABILITY ADVISOR, and THE OFFICIAL DISABILITY GUIDELINES/INTEGRATED TREATMENT GUIDELINES (ODG TREATMENT IN WORKERS COMP 2ND EDITION)-DISABILITY DURATION GUIDELINES (OFFICIAL DISABILITY GUIDELINES 9TH EDITION)/WORK LOSS DATA INSTITUTE.

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

**Decision rationale:** According to the MTUS Guidelines, 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The recommended number of visits and duration of treatment for unspecified myalgia and myositis at 9-10 visits over 8 weeks, and for unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks. There is a lack of documentation regarding physical examination of the left knee, and it did not appear the injured worker had significant objective functional deficits to the left knee. Additionally, the guidelines recommend a total number of 8-10 visits total. Therefore, the request for 2 sessions per week for 6 weeks for the left knee, totaling 12 sessions is excessive. For the above reasons, the request is non-certified.