

<b>Case Number:</b>	CM14-0108386		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 51-year-old female who reported injury on 07/12/2013. The injured worker underwent a Left Knee Arthroscopy, Partial Medial Meniscectomy and Anterior Cruciate Ligament Reconstruction with Achilles Allograft on 10/22/2013. The clinical documentation dated 05/02/2014, revealed the injured worker had prior therapy. The injured worker noticed significant improvement as a result of the physical therapy. The quadriceps mass was close to normal and the injured worker had mild effusion and a stable knee. The recommendation was 10 more visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg Procedure Summary (updated 06/05/2014) - Physical Medicine.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines were utilized as the injured worker was passed the postoperative period. The California MTUS Guidelines recommends 9 to 10 visits of physical therapy for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had subjective pain. There was a lack of documentation indicating the quantity of sessions previously attended. There was lack of documentation of objective functional deficits to support the necessity for further supervised therapy. The request as submitted failed to indicate the quantity of sessions requested. Given the above, the request for continued physical therapy for the left knee is not medically necessary.