

<b>Case Number:</b>	CM14-0120049		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family 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:

The injured worker is a 69 year old female whose date of injury is 08/19/2013. On this date the injured worker tripped forward and fell onto her left knee. She noted pain and swelling at the knee. Note dated 01/10/14 indicates that she was started on physiotherapy modalities and subsequently underwent MRI of the left knee. She returned back to work full duty on 01/03/14. The most recent clinic note submitted for review is dated 05/30/14. The injured worker complains of neck pain, low back pain and left knee pain. On physical examination she has no significant swelling noted in her knee joint. She has direct tenderness over the medial and lateral joint lines. Patellar tendon is intact. Medial and valgus stress is negative both zero and 30 degrees of flexion. Diagnosis is sprain of cruciate ligament of knee, and left ACL tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Online Edition, Knee & Leg Chapter, Physical Medicine treatment, ODG Physical Medicine Guidelines Official Disability Guidelines (ODG), Preface, Physical Therapy Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical therapy

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 12 sessions for the left knee is not recommended as medically necessary. There is insufficient clinical information provided to support this request. The number of physical therapy visits completed to date and the injured worker's response thereto is not documented to establish efficacy of treatment and support additional sessions in accordance with the Official Disability Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as the most recent clinic note submitted for review is dated 05/30/14.