

<b>Case Number:</b>	CM14-0122057		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2014

### 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 and Rehabilitation and is licensed to practice in Louisiana. 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 55-year-old female who was injured on 01/30/2014. The mechanism of injury is unknown. Prior treatment history has included 12 sessions of physical therapy (without relief) and a home exercise program. The patient underwent arthroscopic multicompartamental synovectomy and arthroscopic partial lateral meniscectomy on 05/01/2014. Prior medication history included Atorvastatin, Singulair, Optivar, Albuterol, Advair, Tramadol, Ibuprofen and Claritin. Diagnostic studies reviewed include MRI of the left knee dated 03/03/2014, which demonstrated a tear of the left inferior popliteomeniscal fascicle; moderate bony contusion involving the medial facet of the left patella; degeneration of the junction of the posterior horn and body of the medial meniscus, without evidence for a medial meniscal tear; tricompartmental degenerative changes in the left knee with area of chondromalacia in the lateral compartment and patellofemoral compartment; and diffuse attenuation of the posterior horn, body and anterior horn of the lateral meniscus, which is secondary to an extensive partial lateral meniscectomy. Physical therapy note dated 06/19/2014 states the patient presented following a left lateral meniscectomy. She has completed her 12 sessions of physical therapy and reported overall improvement in symptoms but continues having pain with activities of daily living such as walking, squatting, stepping up or down and putting on shoes and socks. On exam, her range of motion has improved. She continues to have pain at the end of her available range into flexion and extension. She has been recommended to continue with therapy to return to full participation in work-related activities. A prior utilization review dated 07/09/2014 states the request for Physical therapy for the left knee x 12 is not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee x 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee: Dislocation of Knee

**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, Physical Therapy

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for a time-limited treatment plan with defined functional goals, frequent assessments and modifications of the treatment plan based upon progression. There is no supporting documentation for objective or functional gains and there has been no noted improvement with physical therapy to warrant continuation; therefore, the request for this treatment is not medically necessary.