

<b>Case Number:</b>	CM14-0122238		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/21/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 49 year old female who was injured on 12/21/13 when she slipped and fell, hyperextending her left knee. Of note, the injured worker had undergone a left knee meniscus surgery in January of 1983. The injured worker completed a 12 session course of physical therapy to address a diagnosis of left knee sprain from the date of injury to 02/25/14 with no significant improvement. An MRI was performed on 02/10/14 which revealed post-menisectomy changes from the 1983 surgery and a possible tear within the posterior horn of the medial meniscus and high grade patellofemoral chondrosis with full thickness chondral heterogeneity. Clinical note dated 03/04/14 notes the injured worker has failed to improve with physical therapy and is a surgical candidate. The treating physician's plan includes an arthroscopic evaluation of the left knee with meniscectomy. Records indicate the injured worker requested a second opinion in regards to surgery and requested injections, which were denied. Clinical note dated 06/24/14 notes the injured worker needs orthopedic surgery and includes a recommendation for physical therapy twice per week for 10 weeks. This request is partially certified for physical therapy twice per week for 5 weeks by UR dated 07/17/14. Physical therapy evaluation note dated 07/23/14 includes the injured worker's report that she does not feel physical therapy will benefit her. This evaluation indicates the goal for physical therapy is improved motor strength of the left knee. There are three subsequent physical therapy treatment notes dated 07/23/14, 07/25/14 and 07/30/14 which reveal no improvement in the injured worker's motor strength. The injured worker rates her pain at a 10/10 when walking. Records do not reveal surgical intervention has been approved or scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x wk x 5wks Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pages 98-99 of 127 Page(s): 98-99 OF 127.

**Decision rationale:** The request for physical therapy twice per week for 5 weeks for the left knee is not recommended as medically necessary. MTUS notes, "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." Records reveal this injured worker has failed previous attempts to achieve restored functional ability or relief of discomfort with the use of physical therapy. The injured worker does not feel that additional physical therapy will be of any benefit. Records state the injured worker requires surgical intervention at this point, indicating additional physical therapy is not sufficient. Based on the clinical information submitted for review, medical necessity for an additional course of physical therapy at twice per week for 5 weeks for the left knee is not established.