

<b>Case Number:</b>	CM14-0123303		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on January 27, 2014. The mechanism of injury is noted as stepping down a ladder and twisting her knee. The most recent progress note, dated August 14, 2014, indicates that there are ongoing complaints of left knee pain. The injured employee stated that she is making progress with physical therapy. The physical examination demonstrated tenderness at the medial joint line of the left knee and range of motion from 0 degrees to 130 degrees. Diagnostic imaging studies of the knee showed an ACL tear. Previous treatment includes a left knee arthroscopy to include an ACL repair and a partial lateral/medial meniscectomy and physical therapy. A request had been made for 12 additional visits of physical therapy for the left knee and was non-certified in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits for the Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines 24 visits of physical therapy are recommended for and ACL reconstruction of the knee. The most recent progress note dated August 14, 2014, reveals full range of motion of the left knee and no documented deficits and strength. Considering this it is unlikely that any additional benefit will be achieved with formal physical therapy. This request for an additional 12 visits of physical therapy is not medically necessary.