

<b>Case Number:</b>	CM14-0124303		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 54-year-old female was reportedly injured on September 8, 2012. The most recent progress note, dated June 25, 2014, indicates that there are ongoing complaints of left ankle and left knee pain. Current medications include Vicodin. The physical examination demonstrated crepitus with range of motion of the left knee and stiffness with range of motion. Quadriceps strength was rated at 4/5. The examination of the left ankle also noted stiffness along with swelling. Some tenderness was present at the prior incisions. There was a slight limp with ambulation. Diagnostic imaging studies indicated a complex tear of the lateral meniscus of the left knee. Previous treatment includes left ankle arthroscopy, a left knee arthroscopy, and physical therapy. A request had been made for physical therapy twice week for six weeks for the left knee and was not certified in the pre-authorization process on July 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice weekly for 6 weeks left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**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, Physical Therapy, Updated October 7, 2014.

**Decision rationale:** According to the Official Disability Guidelines nine visits of physical therapy are recommended for treatment for a derangement of meniscus. A review of the medical records indicates that the injured employee has previously participated in physical therapy for the left knee and it is anticipated that at this point she should have transitioned to a home exercise program. Furthermore this request for 12 visits of physical therapy exceeds the recommended guidelines. For these reasons, this request for physical therapy twice week for six weeks for the left knee is not medically necessary.