

<b>Case Number:</b>	CM14-0132475		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 63-year-old female with a reported date of injury on 07/18/2011. The mechanism of injury was a fall. The diagnoses included right knee internal derangement and left medial meniscus tear. The past treatments included pain medication, physical therapy, and surgery. There was no diagnostic imaging provided for review. The surgical history included meniscal repair surgery on 02/18/2014. The subjective complaints on 06/24/2014 included right knee pain. Physical examination noted decreased range of motion to the right knee and the injured worker is still using a walker. The injured worker's medications include Motrin. The treatment plan was to continue medication. The request was received for continued physical therapy, 8 visits to the right knee. The rationale for the request was to strength legs. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued PT 8 visits -right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for Continued PT 8 visits -right knee is not medically necessary. The California Postsurgical Treatment Guidelines state that up to 12 visits are supported for tear of medial lateral meniscus of the knee and continued visits should be contingent on documentation of functional objective improvement. The injured worker underwent right knee surgery. The notes indicate the patient has already completed physical therapy sessions; however, the amount of physical therapy sessions were not noted in the records. Additionally, there was no significant decreased range of motion values or strength deficits noted in the records. Furthermore, in the absence of functional objective improvement and functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.