

<b>Case Number:</b>	CM14-0134409		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/18/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 63 year old male with complaints of mid/upper back pain and left knee pain. The date of injury is 3/18/12 and the mechanism of injury is fixed twisting injury while trying to push a heavy door. At the time of request for additional physical therapy quantity #12, there is subjective (left knee pain, mid/upper back pain) and objective (tenderness to palpation paraspinal musculature lumbar, cervical, spasm of musculature lumbar, positive straight leg raise bilaterally, positive McMurray's test) findings, imaging findings (no reports submitted but mention of MRI left knee 5/16/12 shows meniscal tear), diagnoses (cervical spine strain/pain, thoracic spine strain/pain, lumbar spine sprain/strain, left knee meniscal tear), and treatment to date (physical therapy x 12, shockwave treatment, medications). Recommendations are for 9 visits over 8 weeks for knee problems involving a meniscal tear allowing for fading treatment (3x/week down to 1x/week). This also involves active self-directed home physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy to left knee QTY# 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES; PHYSICAL MEDICINE GUIDELINES.

**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 Medicine Treatment.

**Decision rationale:** Per ODG treatment decisions, recommendations are for 9 visits over 8 weeks for knee problems involving a meniscal tear allowing for fading treatment (3x/week down to 1x/week). This also involves active self-directed home physical therapy. Apparently, the amount of physical therapy has been exceeded and at this point a self-directed home physical therapy routine should have been established. There were no extenuating circumstances elicited as to why more formal physical therapy would be needed other than delay in surgery secondary to medical issues. Therefore, the request for additional physical therapy is not medically necessary.