

<b>Case Number:</b>	CM14-0138389		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Orthopaedic Surgery, 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:

This 56-year-old female sustained an industrial injury on 12/11/07. The mechanism of injury was not documented. The 12/28/08 right knee MRI demonstrated recurrent lateral meniscus tear with findings consistent with partial meniscectomy. There was slight progression of chondromalacia patella and prior lateral retinacular release that had healed. The patient underwent additional left knee surgery in 2012 and had 12 visits of physical therapy. Records indicated that the patient generally had grade 4/10 pain, managed by medications. The 7/31/14 treating physician report cited grade 8/10 right knee pain and stiffness. She reported swelling and locking. Physical exam noted limited range of motion and limping ambulation. The diagnosis was lower leg osteoarthritis and joint pain. The treatment plan recommended physical therapy 3x4 to regain strengthening and improve range of motion. The 8/15/14 utilization review modified the request for 12 physical therapy visits to 3 visits to allow full transition to home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy three (3) times a week for four (4) weeks for the right knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The California MTUS guidelines generally support a few visits with a physical therapist for education, counseling and evaluation of home exercise. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. There is no functional treatment goal documented relative to a specific range of motion or strength deficit. The patient has undergone multiple surgeries and should be well-versed in a home exercise program. The 8/15/14 partially certified 3 physical therapy visits to allow full transition to home exercise. There is no compelling reason presented to support the medical necessity of supervised physical therapy beyond that currently certified. Therefore, this request is not medically necessary.