

<b>Case Number:</b>	CM14-0157264		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 ABFP 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 52-year-old female claimant sustained a work injury 5/13/13 involving the left knee. She had an MRI in September 2013 that showed a grade 3 tear of the medial meniscus. She had completed an unknown amount of therapy and injections in October 2013. A progress note on 8/18/14 indicated the claimant had had deferred surgery for the knee. She continued to have left medial knee joint pain. Exam findings were notable for left knee tenderness over the medial aspect and swelling. The treating physician requested 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Each of the following diagnoses has a recommended number of visits: for myalgia and myositis, unspecified, 9-10 visits over 8 weeks

are recommended; for neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks are recommended; and for reflex sympathetic dystrophy (CRPS), recommendation is for 24 visits over 16 weeks. In this case, the claimant had been doing home exercises previously. An unknown amount of therapy had been completed 1 year prior. The request for additional therapy is not medically necessary.