

<b>Case Number:</b>	CM14-0020733		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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 patient is a 26 year old female who was injured on 07/24/2011. She sustained an injury to her left knee. As she was leaning to grab some sodas from the cart that was outside the door, the door closed striking the patient on her left knee which caused her to lose her balance and fall to the ground. She immediately felt severe pain to her left knee. The patient underwent surgical procedure to the left knee in 03/2012 to remove cartilage. Medical Re-evaluation note dated 01/23/2014 states the patient has intermittent pain in her left knee, rating her a 7-8/10. She reports her pain is aggravated with prolonged standing, walking. The patient reports she did not notice any improvement with her acupuncture session. She stated she wears a brace on the left knee. On exam, the left knee has lateral subluxation of the patella with crepitus. There is guarding and she ambulates with an antalgic gait, guarding the left knee. Range of motion is from 0-95 degrees. She has weak quadriceps noted. The patient is diagnosed with left knee contusion, history of chondromalacia of the patella; status post left knee arthroscopy with residuals. The treatment and plan includes a request for authorization of physical therapy twice a week for 3 weeks. Prior UR dated 02/13/2014 states the request for physical therapy twice a week for 3 weeks for the left knee is non-certified as there is no documented failed treatment of home exercises nor is there any reason provided stating the patient cannot participate in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE LEFT KNEE:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59.

**Decision rationale:** The CA MTUS guidelines recommend physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The clinical documents state the patient's injury date back to 2011. The documents do not clearly discuss her clinical course. It is unclear how much Physical Therapy the patient has already undergone and what the response to previous therapy was. The notes do not discuss if a home exercise program has been tried and failed. If not, it is not clear why a home exercise program is not suitable for this patient. The notes do not discuss if the patient is having acute or chronic symptoms or if the requested PT is for chronic control of her symptoms. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request for physical therapy 2 times a week for 3 weeks for the left knee is not medically necessary.