

<b>Case Number:</b>	CM14-0021507		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 57-year-old with date of injury February 3, 2011. The treating physician report dated December 12, 2013 indicates that the patient presents with chronic pain affecting the right knee status post arthroscopic meniscectomy in 2011. The current assessment is pain in the patella femoral joint. The utilization review report dated February 3, 2014 denied the request for physical therapy 2x3 for the right knee based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 X WEEK FOR 3 WEEKS FOR THE RIGHT KNEE:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 474.

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

**Decision rationale:** The patient presents with pain affecting the right knee. She underwent arthroscopic surgery of the right knee in 2011 and then fell again in September 2013 when her knee gave out on her. The current request is for physical therapy 2x3 for the right knee. In reviewing the treating physician report dated September 30, 2013 it is noted that the patient's x-

ray showed lateral and medial compartment osteoarthritis. There is no documentation of any physical therapy provided for the right knee in the records provided. The Chronic Pain Medical Treatment Guidelines recommend physical therapy 9-ten visits over ten weeks for myalgia type symptoms. The records show that there was a flare up of the patient's right knee in September 2013 and no physical therapy was recommended at that time. The treater recommended an MRI scan which the treater states, "MRI of her knee did not show a recurrent meniscus tear." On December 13, 2013 the patient changed primary treating physicians and at that time the PT 2x3 was recommended due to continued pain and moderately severe patellofemoral crepitation with pain to range of motion. The documentation provided supports the current request for PT 2x3. The request for physical therapy for the right knee, twice weekly for three weeks, is medically necessary and appropriate.