

<b>Case Number:</b>	CM14-0026983		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 an 88-year-old male with a 5/4/09 date of injury, when he sustained a fracture at the level of the kneecap. The patient's right leg became stuck in a chair, causing him to fall forward, landing on the left knee. Progress note dated 1/16/14 described continued pain and locking of the left knee, with positive McMurray's testing. Left knee arthroscopy with post-operative physical therapy was requested. MRI of the left knee dated 12/5/13 revealed tricompartmental arthritis, Baker cyst, medial and possible lateral meniscus tearing meniscal tear. The progress note dated 11/21/13 described continued left knee pain with antalgic gait on the left secondary to pain, tenderness of the medial compartment, lateral compartment, and patellofemoral compartment with crepitation at the patellofemoral compartment. There was some degree of lateral riding patella on the left knee. MRI of the left knee was requested. Treatment to date has included bracing, activity modification, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy one time a week for eight weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Medical necessity for the requested physical therapy is not established. The 1/16/14 progress note identified that physical therapy was requested in association with the left knee arthroscopy. However, it remains unclear if surgical intervention has been certified. Guidelines support up to 12 visits over 12 weeks following meniscectomy. As it remains unclear if the patient will be undergoing surgical treatment, the associated request for physical therapy is not substantiated.