

<b>Case Number:</b>	CM14-0031730		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Interventional Spine, 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 53-year-old female with a date of injury of 3/7/13. According to the progress report by [REDACTED], the listed diagnoses are medial meniscus tear, and disruption of the anterior cruciate ligament. According to this report, the patient complains of moderately severe right knee pain with throbbing and swelling. She states that she continues to have nighttime pain and muscle cramps. She states that she has received more therapy and reports range of motion improvement, but her pain is worse. The knee is not fully functional. She states that it is stiff. The physical exam shows the patient is well-developed, well-nourished, and in no apparent distress. The patient has a right-sided antalgic gait. Inspection of the right knee joint reveals swelling. There are two positive effusions in the right knee joint. Patellar apprehension test is positive. Patellar grind test is positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2XWK X 6WKS, RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 & 25.

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

**Decision rationale:** The MTUS guidelines recommend 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The medical records provided for review do not show any recent physical therapy reports to verify how many treatments were received and what results were accomplished. The progress report dated 8/20/13 notes that the patient received six sessions of physical therapy which were not helping her progress. The MTUS guidelines require a satisfactory response to treatment including increased level of function or improved quality of life. Given the lack of functional improvement with physical therapy, the requested 12 additional sessions is not medically necessary.