

<b>Case Number:</b>	CM14-0037881		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/31/1996
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Orthopedic Surgery 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 injured worker is a 54-year-old female injured on January 31, 1996. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 13, 2014, indicated that there were ongoing complaints of knee pain, popping, and instability. The physical examination demonstrated an antalgic gait and swelling of the left knee. There was a positive pivot shift test and range of motion from 0 to 130 degrees. No gross instability was noted. Tylenol, Aleve, and hemoglobin A1C test were recommended. Diagnostic imaging studies objectified patellar deformity with lateral facet chondromalacia and mild degenerative changes of the medial meniscus. There was no meniscus tear, and cartilage height was nearly normal. There was evidence of a prior anterior cruciate ligament strain. Previous treatment included a left knee arthroscopy performed in 2008 as well as previous physical therapy in 2009 and 2010. A request had been made for physical therapy for the left knee and was not certified in the pre-authorization process on March 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to left knee three time a week for six weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (knee chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58.

**Decision rationale:** According to the attached medical record, the injured employee has prior left knee surgery 2008 and subsequent postoperative physical therapy in 2009 and 2010. There was no mention of this in the most recent progress note. Considering this prior physical therapy attendance, the injured employee should be well-versed in what is required for physical therapy of the left knee and should be up to continue this on her own at home with a home exercise program. The request for physical therapy for the left knee three times a week for six weeks is not medically necessary and appropriate.