

<b>Case Number:</b>	CM14-0042771		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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, and is licensed to practice in Illinois. 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 42-year-old male who reported an injury on 10/21/2012. The mechanism of injury was a fall. His diagnoses include a torn medial meniscus of the right knee, chronic subacromial bursitis of the left shoulder, chronic cervical sprain/strain, chronic lumbar sprain/strain, and right knee internal derangement. His past treatments for the left knee were not provided in the medical records. The most recent clinical note provided for review was dated 10/7/13, which indicated that the injured worker had been recommended for surgery for the right knee and for subacromial injections for the left shoulder. His physical examination did not provide any objective findings related to the left knee. The treatment plan included a referral to an orthopedic surgeon regarding possible arthroscopic evaluation of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES WEEK TIMES 6 WEEKS LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine treatment may be recommended for unspecified myalgia, up to 10

visits to promote functional gains. The clinical information submitted for review indicated that the injured worker had a diagnosis of left knee internal derangement. However, documentation was not provided to show that he has current objective functional deficits to warrant physical therapy. In addition, the request for 18 visits exceeds the guidelines' recommendation for a total of 10 visits. For the reasons noted above, the request is not medically necessary.