

<b>Case Number:</b>	CM14-0051909		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on 8/12/2011. The mechanism of injury was noted as a left knee injury that occurred due to a slip and fall down a flight of stairs. The claimant underwent a left knee partial meniscectomy in January 2012. The most recent progress note, dated 3/18/2014, indicated that there were ongoing complaints of left knee pain and buckling. Physical examination demonstrated tenderness at an anteromedial and mid medial left knee, pain with patellar compression, flexion 110 and full extension lacks 5 degrees. MRI of the left knee, dated 7/23/2013, revealed a small amount of Grade III signal in the body of the lateral meniscus likely postsurgical scar. Diagnoses: Degenerative joint disease and chondromalacia of the left knee. Previous treatment included physical therapy, Orthovisc injections and left knee surgery. A request had been made for physical therapy 2 times week times 3 weeks of the left knee and was not certified in the utilization review on 3/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 3 weeks Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Online Edition, Chapter: Knee & Leg Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Manual Therapy and Manipulation Page(s): 56-58.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain and recommends a maximum of 10 visits over 8 weeks. Review of the available medical records, documents, chronic left knee pain since 2011 with a diagnosis of degenerative joint disease status post medial meniscectomy in 2012. There is no documentation of how many physical therapy sessions she attended and/or any improvement in function or pain with previous therapy. Due to the lack of clinical documentation, this request is not considered medically necessary.