

<b>Case Number:</b>	CM14-0060635		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 & Rehabilitation 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 27 year old male with a reported date of injury on October 01, 2012. The mechanism of injury is described as falling from a ladder and landing on the left knee. The MRI of the left knee on November 01, 2012 revealed Grade 2 posterior cruciate ligament sprain/partial tear. By December 5, 2013 the injured worker was recommended for full duty, but apparently no longer had a job. A qualified medical evaluation (QME) dated January 02, 2014 indicated the injured worker underwent lower extremity electromyogram/nerve conduction velocity studies, which were negative for abnormalities. On March 31, 2014 the patient presented with complaints of knee pain rated at 8-10/10. Exam findings of the left knee were normal with full range of motion, no clicking, and meniscal maneuvers were negative. Ligamentous stress tests were negative and Lachman's maneuvers were also negative. A request for eight sessions of physical therapy was made and resulted in denial based on exam findings as well as prior physical therapy had not documented any functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment: 2x week for 4 weeks for left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70, 77, 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for 12 visits over 8 weeks for the knee sprains/strains and cruciate ligament tear. In this case, there is no record of previous PT progress notes with documentation of any significant improvement in pain level or function to demonstrate the effectiveness of PT in this IW. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.