

<b>Case Number:</b>	CM14-0075972		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Alabama. 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 60 year old female who was injured on 09/06/2012. The mechanism of injury is unknown. The patient underwent left knee surgery in 2013. She has had 4 sessions of physical therapy with good relief which helped to reduce her pain and increased her functional capacity with her activities of daily living. Diagnostic studies reviewed include neurodiagnostic studies of the bilateral lower extremities which revealed right S1 radiculopathy. Progress report dated 05/14/2014 documented the patient to have complaints of pain in her left knee and lumbar spine. Objective findings on exam revealed objective findings on exam revealed tendinitis. The patient is diagnosed with pain in limb, lumbar sprain/strain, lumbosacral radiculopathy, and knee tendinitis/bursitis. Prior utilization review dated 05/15/2014 states the request for Outpatient Physical Therapy x 10 sessions for the Left Knee is modified to certify 8 sessions over four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy x 10 sessions for the Left Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Physical Therapy

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

**Decision rationale:** The Official Disability Guidelines for knee physical therapy recommends 12 visits for post-surgical (meniscectomy). In this case, note from 4/16/14 states that "MR arthrogram of the left knee was reviewed today. There is no evidence of recurrent meniscal tear..." so it is likely that the patient had a meniscectomy. Note from 4/16/14 states that "... she was only provided with four sessions of postoperative physical therapy for the left knee which did help to reduce her pain, increase functional capacity..." She has had 4 physical therapy sessions and is allotted 8 more in this case. Because I am asked to decide yes or no regarding medical necessity, and not to modify the order, I will lean towards the side of patient care in this case. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for 10 sessions of outpatient physical therapy for the left knee is medically necessary.