

<b>Case Number:</b>	CM14-0082787		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 52 year old with an injury date on 11/26/13. The patient complains of worsening pain in left knee that is unable to bear weight and feels like giving out per 1/6/14 report. Two weeks later patient has worsened still, is unable to stand or walk, and MRI of left knee shows complex tear at lateral meniscus on 1/20/14 report. Based on the 1/6/14 progress report provided by [REDACTED] the diagnosis is left knee spasm. The exam on 1/6/14 showed painful left knee range of motion, positive tenderness to palpation both at medial and lateral joint lines. Effusion is noted in the left knee. [REDACTED] is requesting physical therapy two treatments per week for four weeks. The utilization review determination being challenged is dated 5/15/14 and denies request due to lack of documentation of prior physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 1/6/14 to 3/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two treatments per week for four weeks:** Overturned

**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:** This patient presents with left knee pain. The provider has asked for physical therapy two treatments per week for four weeks on 1/6/14. Review of the report shows no recent history of physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the provider has asked for 8 sessions of physical therapy to address the patient's worsening pain, declining function that are not being managed with home exercises. The request is reasonable and medically necessary.