

<b>Case Number:</b>	CM14-0089209		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, New York and Maryland. 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:

This is a 55-year-old female who sustained injury on 04/10/2012 when she was bending down to look at a photo printer and pulled the drawer out to change the paper when her left knee locked causing severe pain. Treatment history includes medications, brace/crutch, and physical therapy. MRI of the left knee dated 04/08/2014 showed: Multi-loculated ganglion cyst extending along the popliteus tendon and muscle into the proximal calf. This may account the patient's symptoms. No evidence of bony, meniscal or ligamentous injury. A progress report dated 06/26/2014 indicates she followed up for her left knee. She has complex synovial cyst in the posterior aspect of her knee. Other than this, she is doing quite well. She reports an occasional knee pain, but overall is doing well and can still work five days in a row without any difficulty. She has been in 4 sessions of physical therapy. She actually thinks that physical therapy may have aggravated her left knee. Examination of the left knee shows full range of motion, strength and stability. She has a negative Lachman's test. She has mild medial joint line tenderness to palpation. She has fullness in the back of her knee. She was diagnosed with Multi-loculated popliteal cyst of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 6 weeks Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The ODG recommends the use of physical therapy for the improvement of the patient's functional status, improvement of range of motion, and reduction of pain when certain criteria exist. The medical records do not document the response from previous therapy sessions to suggest continuation. Further, the documents do not show any clear goals or objectives to performing the therapy. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.