

<b>Case Number:</b>	CM13-0006284		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old female who sustained an industrial related injury on 8/22/12 due to a slip and fall accident. The injured worker had complaints of left wrist, low back, and bilateral knee pain. Diagnoses included sprain of wrist and sprain of knee. Diagnoses included left knee pain, chondromalacia patella, right wrist pain, sciatica, and lumbago. Treatment included left knee chondroplasty of the medial femoral condyle on 12/18/12 and a second left knee arthroscopy, partial medial and lateral meniscectomy and debridement. The injured worker also received physical therapy. The treating physician requested authorization for 12 physical therapy sessions for the left knee (2 times a week for 6 weeks) as an outpatient. Regarding 7/12/13, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there were no current reports regarding the injured worker's knee with respect to range of motion, strength or specific functional deficits or goals to substantiate the additional physical therapy. Therefore, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (12-sessions, 2 times a week for 6 weeks for the left knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The injured employee has received physical therapy for the left knee after the most recent surgery. The most recent progress note that includes a physical examination of the left knee is dated September 10, 2014 and the examination on this date is incomplete so it is unclear what deficits of the left knee still persist. Considering the therapy already conducted and lack of justification for additional therapy, this request is not medically necessary.