

<b>Case Number:</b>	CM14-0113970		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/13/2006
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 58-year-old female with a date of injury of March 13, 2006. She evidently had a twisting injury to the right knee which led to pain and swelling. She was treated initially with physical therapy twice weekly for three weeks and medication. She described mild improvement as a consequence. She then underwent an MRI scan of the right knee which reportedly showed "damage" but otherwise was unspecified. She underwent an additional three weeks of therapy which according to the agreed medical examiner was not helpful. She was evidently told at that point that she required surgery but she did not want it. Two years later she was seen again at which point physical therapy three times weekly for eight weeks was recommended. She continued working and managed her pain by massaging the knee. She was released from her job in 2013. She was seen again in 2014 complaining of right knee. The physical exam revealed diminished flexion and tenderness to palpation in the anterior, lateral, and medial aspect of the right. The diagnosis was right knee strain/sprain, rule out medial meniscus tear. At issue is a request for an additional round of physical therapy twice weekly for 4 to 6 weeks. No physical therapy notes are available for review. No imaging results are available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, knee and leg.

**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 (Acute and Chronic) and the ODG preface, Physical Medicine Treatment

**Decision rationale:** The Official Disability Guidelines allow for 12 physical therapy visits over 8 weeks for strains and sprains of the knee. However, it is clear from the provided documentation that previous responses to physical therapy were inadequate. Because of the poor response prior, this would seem an instance where a 6 visit physical therapy trial would be most applicable. A six visit trial would allow the treating provider to make an assessment about whether more therapy would be medically appropriate. Consequently, physical therapy for the right knee (quantity unspecified) or right knee physical therapy twice weekly for 4-6 weeks is not medically necessary.