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| <b>Case Number:</b>   | CM14-0188323 |                              |            |
| <b>Date Assigned:</b> | 11/19/2014   | <b>Date of Injury:</b>       | 05/11/2014 |
| <b>Decision Date:</b> | 01/07/2015   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2014 |

### 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 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:

This is a 52-year-old female with a 5/11/14 date of injury, when she was pushing a hospital bed and felt light pain in the left knee. The patient was seen on 10/2/14 with complaints of intermittent pain and numbness in the left knee. Exam findings of the left knee revealed positive McMurray's test, positive crepitus and tenderness to palpation over the medial and lateral joint line. The patient's gait was normal and the range of motion of the left knee was within normal limits. The varus, valgus, Lachman, anterior and posterior drawer and shift tests were negative in the left knee. The progress note stated that the patient received total of 6 physical therapy sessions. The progress report dated 7/1/14 stated that physical therapy "overall helped". The diagnosis is lower leg pain, chondromalacia of the patella, and medial meniscus tear. Treatment to date: work restrictions, 6 sessions of physical therapy, DME and medications. An adverse determination was received on 10/14/14. The request for 12 physical therapy sessions was modified to 3 sessions given that the Guidelines recommended up to 9 sessions for that clinical presentation and that there were no exceptional clinical findings noted on the physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 sessions of physical therapy for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Therapy

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the ODG Physical Medicine Guidelines recommend 9 visits over 8 weeks for a tear of medial/lateral cartilage/meniscus of knee. The progress notes indicated that the patient underwent 6 sessions of physical therapy and the progress report dated 7/1/14 stated that physical therapy overall helped. However, there is a lack of documentation indicating objective functional gains from prior physical therapy sessions. In addition, the physical examination performed on 10/2/14 revealed normal gait and range of motion of the left knee and negative varus, valgus, Lachman, anterior and posterior drawer, and shift tests in the left knee. Lastly, given that the patient's injury was over 7 months ago it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for 9 sessions of physical therapy for the left knee is not medically necessary.