

<b>Case Number:</b>	CM14-0193451		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	05/15/1998
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 35-year-old female with a reported date of injury of May 15, 1998. She has had bilateral knee pain for many years. It appears that she underwent a left knee meniscectomy many years ago and had a reconstructive surgery of the right knee ACL on October 2, 2013. She has had numerous physical therapy sessions postoperatively for the right knee but also for the left knee in the last couple of years. A review of the record reveals she has had no less than 44 physical therapy sessions approved for the left knee in the last calendar year. She is being considered for left knee ACL reconstruction. Her diagnoses include degenerative joint disease of both knees and ACL deficiency bilaterally. She continues to complain of left knee pain. The physical exam of left knee reveals knee swelling and range of motion from 0-125. A physical therapy note from October 22, 2014 states that injured worker has been educated in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 1 time a week for 8 weeks to the left knee; quantity 8: 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), Knee and Leg, Physical medicine treatment

**Decision rationale:** The Official Disability Guidelines state that for strains and sprains of the knee including that of the ACL, 12 physical therapy visits over 8 weeks are allowable. In this instance, the injured worker has had no less than 44 physical therapy sessions approved for the left knee in the last calendar year. She has been educated in a home exercise program. The request for an additional 8 sessions of physical therapy for the left knee is excessive and not medically necessary per the referenced guidelines.