

<b>Case Number:</b>	CM15-0160373		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29-year-old female, who sustained an industrial injury on 07-13-2013. On provider visit dated 04-20-2015 the injured worker has reported neck pain, bilateral shoulder pain, low back pain and muscle spasms, and bilateral knee pain. The injured worker was noted to be experiencing stress and depression related to her chronic pain. On examination, the bilateral knees revealed tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint bilaterally. Range of motion on flexion was noted as decreased. The diagnoses have included bilateral knee medical meniscal tear and bilateral knee lateral meniscal. Treatment to date has included medication, physical therapy, chiropractic and acupuncture for cervical spine, lumbar spine and bilateral knee. The provider requested physical therapy for 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 3 times a week for 4 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient presents with diagnoses include bilateral knee medial meniscal tear and bilateral knee lateral meniscal. The patient currently complains of neck pain, bilateral shoulder pain, low back pain and muscle spasms and bilateral knee pain. On examination, the bilateral knees revealed tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint bilaterally. The current request is for 12 sessions of physical therapy for the left knee. The treating physician requested in the treating report dated 7/2/15 (86B), "we are requesting authorization for additional physical therapy sessions 3 times a week for 4 weeks to regain joint mobilization to improve range of motion for the left knee." MTUS Post Surgical Treatment Guidelines state, "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella: Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months." The Post Surgical MTUS Guidelines recommend a total of 12 post surgical treatments over 12 weeks. In this case, the patient was previously approved for 8 post-operative physical therapy sessions. The request for an additional 12 sessions would exceed the MTUS recommend number of 12 total sessions for this diagnosis. The current request is not medically necessary.