

<b>Case Number:</b>	CM15-0182524		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

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

This 37 year old female sustained an industrial injury on 11-25-14. Documentation indicated that the injured worker was receiving treatment for right knee posterior cruciate ligament strain. Magnetic resonance imaging right lower extremity (5-29-15) showed mild enlargement to the posterior cruciate ligament and thinning of cartilage over the patella. Previous treatment included physical therapy, injections, knee brace and medications. In an initial physical therapy evaluation dated 2-11-15, the injured worker complained of right knee pain rated 7 out of 10 on the visual analog scale. Physical exam was remarkable for range of motion 0 to 125 degrees, positive anterior drawer and varus test. In an orthopedic evaluation dated 4-28-15, the physician stated that the injured worker had completed 8 physical therapy sessions. The treatment plan included additional physical therapy. In a PR-2 dated 7-22-15, the injured worker reported having increasing pain and swelling about the right knee associated with returning back to work activities. Physical exam was remarkable for right knee with mild effusion, range of motion 0 to 125 degrees, positive posterior drawer test, tenderness to palpation to the medial and lateral patella and medial joint line and 4 out of 5 quadriceps strength. The injured worker received an injection during the office visit. The treatment plan included initiating previously recommended physical therapy, prescriptions for Ibuprofen and Omeprazole and changing work status to seated work only. On 8-17-15, Utilization Review noncertified a request for physical therapy, right knee, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Right Knee, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for right knee pain with a diagnosis of a posterior cruciate partial tear and possible chondromalacia with injury occurring while working as a dental assistant. In July 2015, she had completed 6 sessions of physical therapy. When seen, she was having increased pain. There was an antalgic gait. She had a mild knee effusion. There was decreased right knee range of motion with 1+ posterior drawer testing with excellent end point. There was patellar and medial joint line tenderness. There was decreased quadriceps strength with normal hamstring strength. Authorization for 12 physical therapy treatments is being requested. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had a partial course of physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not considered medically necessary.