

<b>Case Number:</b>	CM15-0199653		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Maryland

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

### 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 61-year-old female with a date of industrial injury 11-1-2012. The medical records indicated the injured worker (IW) was treated for right knee internal derangement and status post left knee arthroscopic surgery (2014). In the notes (7-2-15 and 5-29-15), the IW reported her left knee was giving out and the right knee was getting worse; she was unable to stand for long periods. Medications included Ultram ER, Voltaren XR, Prilosec and Fexmid. On examination (7-2-15 and 5-29-15 notes), range of motion of the left knee was 125 degrees flexion and extension was not measured. The incisions were well healed and there was slight swelling. Treatments included acupuncture and medications. The records did not document the number of previous treatments the IW received for the left knee or the effectiveness of the treatment. A Request for Authorization dated 7-24-15 was received for physiotherapy for the left knee. The Utilization Review on 9-14-15 non-certified the request for physiotherapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physiotherapy left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior knee PT sessions the patient has had or the outcome. Furthermore, the request does not specify a quantity of PT for the left knee therefore this request is not medically necessary.