

<b>Case Number:</b>	CM15-0203535		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 is a 52-year-old female with a date of industrial injury 11-18-2014. The medical records indicated the injured worker (IW) was treated for left knee internal derangement. In the progress notes (5-28-15, 6-25-15, 8-14-15), the IW reported left knee pain, rated 6 to 7 out of 10. She had difficulty with prolonged standing, walking, pushing, pulling and ascending and descending stairs. On examination (6-25-15 and 8-14-15 notes), there was 3+ tenderness over the patellar region, infrapatellar tendon, medial and lateral joint lines and popliteal fossa on the left. McMurray's and Clark's tests were positive on the left. Muscle testing was 4 out of 5 in knee flexion and extension. Range of motion was 0 degrees extension and 100 degrees flexion, which was improved from her 5-28-15 exam (-5 degrees flexion and 80 degrees extension). Treatments included physical therapy (at least 10 to 12 sessions, with benefit). The notes stated physical therapy was helpful, but did not specify functional gains. The left lower extremity MRI report from 1-29-15 showed findings suspicious for a mildly displaced avulsion fracture at the posterior intercondylar eminence at the posterior cruciate ligament attachment; correlation with radiographs or CT was recommended. The IW was allowed modified work duty. A Request for Authorization dated 7-6-15 was received for physical therapy two times a week for three weeks, left knee. The Utilization Review on 9-22-15 non-certified the request for physical therapy two times a week for three weeks, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left knee, 2 times weekly for 3 weeks: 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 & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in November 2015 when her foot was caught in a pallet and as she got up she twisted and fell with injury to the left leg. In April 2015 she had improvement in range of motion and strength after approximately 4 therapy sessions. She had previously had 6-8 treatments which had not helped. Physical examination findings included knee tenderness with range of motion from -5 to 80 degrees. There was decreased strength at 4/5. McMurray and Clark tests were positive. An additional 6 treatments were requested. In June 2015 range of motion had improved and was from 0 to 100 degrees. In August 2015 her knee was bothering her with prolonged standing and with carrying or lifting. Strength and range of motion were unchanged. An additional 6 therapy sessions were requested. In terms of physical therapy for internal derangement of the knee, guidelines recommend up to 9 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. 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. She reached a plateau with the treatments already provided as of June 2015. The request is not medically necessary.