

<b>Case Number:</b>	CM15-0203829		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: 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:

The injured worker was a 34 year old female, who sustained an industrial injury, September 2, 2013. The injured worker was undergoing treatment for right knee strain and or sprain, compensatory, rule out internal derangement, left knee strain and or sprain, left knee meniscal tear, status post left knee surgery on June 19, 2015, left ankle pain compensatory and gastrointestinal complaints rule out gastritis. According to progress note of August 27, 2015, the injured worker's chief complaint was left knee pain. The injured worker rated the pain at 8 out of 10, which was unchanged from the last visit. The physical exam noted grade 2-3 tenderness with palpation. There was restricted range of motion. The injured worker previously received the following treatments physical therapy for the left knee 12 sessions, home exercise program. The RFA (request for authorization) dated September 2, 2015; the following treatments were requested physical therapy 2 times a week for 4 weeks for the left knee. The UR (utilization review board) denied certification on October 7, 2015; for continuation of physical therapy for the left knee, two times a week for 6 weeks as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Continue Physical Therapy of the Left Knee, two times a week for six weeks as outpatient: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The request for 12 continue physical therapy of the left knee, two times a week for six weeks as outpatient not medically necessary per the MTUS Post Surgical Guidelines. The MTUS recommends up to 12 visits for a meniscal repair. The 6/19/15 operative report indicated that the ACL sprain was healed. The MTUS does not support continued therapy without evidence of functional improvement. The documentation indicates that the patient has had prior physical therapy without evidence of objective functional improvement therefore the request for 12 more therapy visits is not medically necessary.