

<b>Case Number:</b>	CM15-0204175		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/09/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 woman sustained an industrial injury on 9-26-2014. Diagnoses include derangement of the right posterior horn of medial meniscus and contusion of the knee. Treatment has included oral medications and physical therapy. Physician notes dated 9-29-2015 show complaints of back and knee pains that are described as improved. The physical examination shows "full" knee range of motion without measurements, quadriceps tone is less than 10%, no effusion to the knee, mild tenderness to palpation, and no instability noted. Recommendations include continue rehabilitation program and follow up in eight weeks. Utilization Review denied a request for addition physical therapy sessions on 10-12-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional physical therapy for 15 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2015 web-based edition.

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

**Decision rationale:** According to the guidelines, 12 visits of physical therapy over 3 months and 16 visits over 8 weeks for knee arthroscopy and discectomy are recommended respectively. In this case, the claimant has undergone an unknown amount of therapy in the past and an additional 15 sessions would exceed the time frame and amount recommended by the guidelines. In addition, there is no indication that the therapy cannot be completed at home. The request for additional therapy is not medically necessary.