

<b>Case Number:</b>	CM15-0020637		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 female sustained an industrial injury to the left lower extremity on 3/25/10 with left knee sprain and tibia fracture. Magnetic resonance imaging left knee (3/22/11) showed mild cartilage thinning, a small joint effusion and laxity of the anterior cruciate ligament with a chronic small partial tear. Treatment included physical therapy, acupuncture and medications. Documentation failed to indicate the total amount of previous physical therapy. In the most recent PR-2 dated 8/20/14, the injured worker complained of knee pain 6/10 on the visual analog scale. The injured worker reported recent acupuncture provided good pain relief. Physical exam was remarkable for was remarkable for left knee with medial joint line tenderness with intact range of motion and no crepitus or effusion. Current diagnoses included left knee sprain and left distal tibia fracture. On 1/10/15, Utilization Review non-certified a request for physical therapy 2x3 for the left knee noting lack of significant objective improvement from previous physical therapy and citing CA MTUS Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** According to guidelines, physical therapy is indicated for knee disorders. However, the clinical documentation on this patient do not indicate the effectiveness of previous physical therapy sessions and justification is lacking for the additional therapy requested. Thus the request for physical therapy 2x3 for the left knee is not medically necessary and appropriate.