

<b>Case Number:</b>	CM15-0041515		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 12/6/12. She has reported right knee, left hip, cervical, thoracic, lumbar spine and left shoulder injury while working. The diagnoses have included status post partial right medial meniscectomy and right knee sprain/strain. Treatment to date has included physical therapy 6 sessions to date, medications and surgery. Surgery included right knee partial medial meniscectomy on 9/19/14. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 7/23/14. The x-rays of the right knee was done on 12/4/14 with no fracture or pulling out of any hardware. Currently, as per the physician progress note dated 12/4/14, the injured worker complains of slipping and falling and felt a pop with increased pain and swelling of the right knee. She states that it hurts but does not seem to feel unstable. The physician noted that she was advised to ice the right knee and use an ace wrap. It was noted that she will need a brace for protection. She has completed 6 out of 12 physical therapy sessions and Norco was re-filled. The physician requested treatment includes Additional Physical Therapy 2 x per week x 6 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 x per week x 6 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. (3) Knee & Leg (Acute & Chronic), Sprains and strains of knee and leg.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and continues to be treated for right knee pain with increased symptoms after slipping and falling with a probable MCI strain injury. Treatment has included 6 physical therapy sessions. Guidelines recommend up to 12 physical therapy sessions over 8 weeks for the treatment of this condition. The number of additional treatments requested in combination with those already provided is in excess of that recommended and would not reflect a fading of treatment frequency. The request is not medically necessary.