

<b>Case Number:</b>	CM15-0054420		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/31/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 was a 52 year old female, who sustained an industrial injury, December 31, 2013. The injured worker previously received the following treatments imaging. The injured worker was diagnosed with left knee strain/sprain and history of left knee meniscectomy 2011. According to progress note of February 24, 2015, the injured workers chief complaint was left knee and low back pain. The left knee pain was consistently aching, swelling, unsteady and locking sensation. The aggravating factors were sitting or standing longer than 20 minutes or climbing stairs. The physical exam noted bossing appearance, ACL/MCL/LCL/PCVL stable. The treatment plan included physical therapy 6 sessions for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Left Knee, quantity 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Chapter Knee and Leg.

**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.

**Decision rationale:** The claimant sustained a work-related injury in December 2013 and continues to be treated for chronic left knee and low back pain. When seen, she was having worsening low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. In this case, the number of treatments requested is with that recommendations and therefore was medically necessary.