

<b>Case Number:</b>	CM15-0088520		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 27-year-old female, who sustained an industrial injury on 7/15/14. She reported right knee pain. The injured worker was diagnosed as having ACL reconstruction with hamstring graft, status post partial medial meniscectomy, and inadequate post-operative rehabilitation. Treatment to date has included right ACL reconstruction and partial meniscectomy on 10/13/14, physical therapy, TENS, the use of a cane, a knee brace, and medications. Physical therapy and TENS was noted to have provided excellent pain relief. Currently, the injured worker complains of right knee pain that radiates to the right leg that increases with prolonged walking and sitting. The treating physician requested authorization for 6 physical therapy visits for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical therapy of the right knee once a week for 6 weeks for a total of 6 visits as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient has ongoing right knee pain and diminished function. The current request is for 6 additional physical therapy sessions of the right knee, once a week for 6 weeks for a total of 6 visits. The MTUS post-surgical guidelines do not appear to be the appropriate guidelines since the surgery did occur at least 6 months prior to this request. The MTUS guidelines allow 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms that this patient suffers from. The patient did have a request for physical therapy at twice weekly for 6 weeks. Records indicate that the patient was previously non-certified for additional physical therapy due to lack of documentation regarding prior physical therapy treatment. Currently, it remains unclear how many physical therapy sessions the patient completed and if any benefit in terms of pain reduction and functional improvement was made. Consequently, the available medical records do not establish medical necessity and as such, recommendation is not medically necessary.