

<b>Case Number:</b>	CM15-0241628		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	04/28/2015
<b>Decision Date:</b>	01/27/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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:

The injured worker is a 60 year-old female, who sustained an industrial injury on 4-28-2015. According to physician documentation, the injured worker was diagnosed with derangement of the anterior horn of medial meniscus, chondromalacia of the patella, and other derangement of lateral meniscus. Subjective findings dated 9-25-2015 were notable for left knee pain rated 7 out of 10 and right knee pain rated 10 out of 10, described as aching and cramping. Stating she had no previous issues with her right knee until recently when she felt a pop in the back of her knee. Objective data dated 9-25-2015 were notable for reports of pain in the left lateral and medial joint lines, patellar tenderness, ambulating with the use of a wheeled-walker, and unable to bend from the waist. Documentation states an MRI of the right knee was performed revealing grade II chondrosis of medial compartment, medial meniscus tear, and moderate-advanced chondromalacia patella. Treatments to date have included left knee arthroscopic surgery, 12 previous sessions of physical therapy, home exercises, NSAID's (non-steroidal anti-inflammatory drugs), Norco 5/ 325mg, and Zorvolex 35mg. The Utilization Review determination dated 11-23-2015 did not certify treatment/service requested for physical therapy 2x's per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 6 left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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

**Decision rationale:** Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 12 visits for specific knee problems and post surgery. In this case, the patient has already had 12 sessions of physical therapy approved. The request for 12 physical therapy sessions would exceed recommendations. The request for 12 physical therapy sessions to the left knee is not medically necessary and appropriate.