

<b>Case Number:</b>	CM14-0117517		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51 years old female with an injury date on 04/18/2014. Based on the 06/24/2014 progress report provided by [REDACTED], the diagnosis is: 1. Tear of lateral cartilage or meniscus of knee, current. According to this report, the patient complains of left knee pain. MRI of the left knee on 05/18/2014 reveals a tear of the anterior cruciate ligament; grade 1 chondromalacia at the patella apex; and a small intra-articular filling defect measuring approximately 8mm in length x 2mm in thickness is present at anteromedially. Physical exam reveals limited left knee range of motion. The patient is basically ambulatory but is using a crutch. The patient has an antalgic gait on the left side. There were no other significant findings noted on this report. The utilization review denied the request on 07/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/18/2014 to 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x week x 3 weeks, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and leg

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

**Decision rationale:** According to the 06/24/2014 report by [REDACTED] this patient presents with left knee pain. The treater is requesting 9 sessions of physical therapy for the left knee to "gain some motion back in the knee and then we will consider doing an anterior cruciate ligament reconstruction." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show that the patient has had 7 physical therapy sessions from 05/29/2014 to 06/18/2014 with little improvement, "knee has been hurting all night and all day." It would appear that physical therapy is not very effective for this patient and the treater does not explain how additional therapy is going to make a difference.