

<b>Case Number:</b>	CM14-0118423		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on June 17, 2010. The mechanism of injury was stated to be a fall. The most recent progress note, dated September 2, 2014, indicates that there were ongoing complaints of right knee pain. The physical examination demonstrated tenderness at the lateral joint line of the right knee and at the fibular head as well as the patellar tendon. There was pain with a varus stress test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a steroid injection, a knee brace, physical therapy, oral medications, and topical medications. A request had been made for 18 sessions of physical therapy for the right knee and was not certified in the pre-authorization process on July 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for eighteen (18) sessions to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-338.

**Decision rationale:** It is unclear from the medical records provided how many sessions of physical therapy the injured employee has previously participated in and what the efficacy of those sessions were. Additionally, it is anticipated that at this point the injured employee has transitioned to a home exercise program. Considering this, the request for 18 additional physical therapy sessions for the right knee is not medically necessary.