

<b>Case Number:</b>	CM14-0124202		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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:

Patient is a 62-year-old female with a left knee ganglion cyst documented by MRI. She's having ongoing pain in the left knee. On physical examination she has decreased sensation to light touch over the left foot and 5 I strength in the bilateral lower extremities. The knee does not have an effusion. There is a full range of motion of the knee with no evidence of instability. Patient has been diagnosed with a painful ganglion cyst. On April 15, 2014 the patient underwent left knee subcutaneous synovial ganglion cyst removal followed by 12 or more improve postoperative physical therapy sessions. On follow-up in June the patient noted continued pain in her knee. On physical examination the patient was noted to have decreased range of motion and strength with swelling of the left ankle. The patient did report some improvement with physical therapy of the knee. At issue is whether additional 12 visits of physical therapy are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8-12 physical therapy sessions, left knee, 2-3x/wk for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: MTUS chronic pain treatment guidelines, MTUS knee pain chapter, ODG knee pain chapter

**Decision rationale:** This patient does not meet establish criteria for additional physical therapy the knee. The patient has undergone several operations including partial medial meniscectomy and excision of a ganglion cyst. She attended 12 a more supervised postoperative physical therapy sessions. She still has pain in her knee. It is unclear why she has not been transitioned to a home therapy program. There is no report of the reasons why the patient cannot use home exercises independently on a regular basis that she previously worked with a physical therapist. Medical necessity of 12 additional PT sessions for her knee is not clearly established. Guidelines do not support 12 additional physical therapy sessions.