

<b>Case Number:</b>	CM14-0149201		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 51 year old male with a date of injury 11/12/2010. Diagnosis is of a meniscal tear. Subjective complaints are of ongoing knee pain. Physical exam showed right knee medial joint line tenderness with minimal pain and swelling of the lateral joint line. Knee MRI shows a medial meniscus tear and a small lateral meniscus tear. The patient had declined surgery. Submitted records indicate that the patient has had extensive physical therapy and chiropractic care for this condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 X 4 to the right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) KNEE, PHYSICAL THERAPY

**Decision rationale:** The ODG and CA MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG recommends 10 visits over 8 weeks for meniscal tears. Submitted records identify multiple sessions of prior physical therapy. Documentation is not present that indicates specific

deficits for which additional formal therapy may be beneficial at this point in the chronic nature of this patient's complaints. Therefore, the request for 8 physical therapy sessions is not medically necessary at this time.