

<b>Case Number:</b>	CM14-0152685		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 injured worker is a 46 year old female with a date of injury on 6/6/2014. Per the initial records dated 6/6/2014, the injured worker sustained left knee injuries due to a slip and fall accident. She reported that she slipped on a slippery floor and sustained more pain in the left knee with associated swelling. The pain was aggravated with walking. She described her pain as constant with tightness and throbbing. The left knee examination noted decreased range of motion, swelling and bony tenderness. Tenderness was noted on the medial, lateral joint line and patellar tendon. The left knee x-ray revealed a small amount of suprapatellar joint effusion but no fracture or significant joint disease. Records dated 7/25/2014 document that the injured worker complained that her legs were worse and were so swollen after physical therapy. She rated her pain as 7/10 which was aching and constant. The left knee examination noted decreased range of motion in all planes. Tenderness was noted over the medial joint line. She cannot squat, stand on one leg, or jog in place. The McMurray's test was positive. The left ankle examination demonstrated normal results. The most recent records dated 7/28/2014 document that the injured worker described left knee pain with variable intensity that was present on a frequent and constant basis. She rated her pain as 5/10 using the visual analog scale and characterized her pain as sharp/stabbing and dull/aching. The pain would radiate to her ankle and it was increased with standing, walking, and kneeling. Her current medications include Motrin, Ultram and Flexeril. The knee examination noted tenderness over the left medial joint line. Range of motion was limited. A positive SNAP test was noted over the left knee. She was diagnosed with (a) rule out internal derangement, left knee; and (b) grade 2 ankle sprain of the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (Acute and Chronic) Chapter, Physical Therapy Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Medicine Treatment

**Decision rationale:** Based on the records provided for review, the injured worker has received 3-4 sessions to left lower extremity including knee and ankle. She reported that after receiving prior 3-4 physical therapy, her left lower extremity was so swollen and her condition got worse. Evidence-based guidelines indicate that a trial of six sessions of physical therapy, occupational therapy, and chiropractic sessions are provided and additional sessions can be requested if there is documentation or evidence of functional gains or benefits. In this case, however, the contrary was presented. Moreover, the requested number of sessions exceeds the recommended number of sessions indicated in the referenced guidelines. Due to non-beneficial effects of the provided prior physical therapy sessions, the medical necessity of the requested 18 physical therapy visits is not established.