

<b>Case Number:</b>	CM14-0214557		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 33 year old male with date of injury 2/20/14. The mechanism of injury is not stated in the available medical records. the patient has complained of left knee pain since the date of injury. He is status post left knee medial patellofemoral ligament reconstruction in 07/2014. He has also been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: full range of motion of left knee, trace effusion. Diagnoses: left knee pain, status post left knee patellofemoral ligament reconstruction. Treatment plan and request: 12 physical therapy sessions, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions: left knee:** Upheld

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

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

**Decision rationale:** This 33 year old male has complained of left knee pain since date of injury 2/20/14. He is status post left knee medial patellofemoral ligament reconstruction in 07/2014. He has also been treated with physical therapy and medications. The current request is for an additional 12 physical therapy sessions, left knee. The available medical records note prior authorization for 42 physical therapy sessions, left knee. Per the MTUS guidelines cited above, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The medical necessity/rationale for continued passive physical therapy is not documented in the available medical records. On the basis of the MTUS guidelines and available medical documentation, an additional 12 sessions physical therapy, left knee is not indicated as medically necessary.