

<b>Case Number:</b>	CM15-0111560		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 34 year old male, who sustained an industrial injury on 2/20/2014, while employed as a police officer. The injured worker was diagnosed as having lateral patellofemoral dislocation of the knee with torn medial patellofemoral ligament, status post left knee arthroscopy on 7/14/2014. Treatment to date has included left knee surgery in 7/2014, medications, home exercise program, and an unspecified amount of physical therapy. Currently, the injured worker reports decreased pain and range of motion and strength returning to baseline. He was documented as making good progress post-operatively. He completed 8/12 sessions of physical therapy/work conditioning since his last visit (4/02/2015). Physical exam noted trace effusion, central patellofemoral tracking, well-healed arthroscopic portals, full range of motion, and 4/5 strength. The treatment plan included 12 additional sessions of physical therapy/work conditioning for the left knee. His work status was to continue as unrestricted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy/work conditioning for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

**Decision rationale:** The patient is a 34 year old male with an injury sustained in February of 2014. The patient sustained a lateral patellofemoral dislocation. He has been treated with physical therapy and underwent 8 of 12 sessions in April. The request is for 12 further treatments. The MTUS guidelines advise an initial 6-12 visits over 2-4 weeks. At this point, self directed therapy is advised, as it yields the best clinical outcomes. Active instead of passive exercises have a better success rate for pain control and range of motion. As such, further passive manipulation is not medically necessary.