

<b>Case Number:</b>	CM15-0125163		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 year old female, who sustained an industrial injury on December 17, 2012, incurring injuries to the right knee. She was diagnosed with a tear of the medial cartilage and meniscus of the right knee. She underwent a right knee arthroscopy meniscectomy and removal of impingement osteophytes. Treatment included physical therapy, cortisone injections, anti-inflammatory drugs and work restrictions. Currently, the injured worker complained of sharp, stabbing throbbing pain in the right knee rated a 6 on a pain scale from 1 to 10 and 8 on the same pain scale with activity. The injured worker noted increased pain with walking, standing and prolonged weight bearing activity. She complained of ongoing weakness with limited range of motion. X rays of the knee revealed degeneration with bone on bone changes. The treatment plan that was requested for authorization included physical therapy of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 4 weeks of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post right knee arthroscopy with partial medial and lateral meniscectomy and removal of impingement osteophytes. Date of injury is December 17, 2012. Request authorization is May 29, 2015. According to a progress note dated April 22, 2015, the injured worker status post right knee arthroscopy. The injured worker received physical therapy and cortisone injections. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not documented. There is no documentation of objective functional improvement from prior physical therapy. There are no compelling clinical facts in the medical records indicating additional physical therapy is warranted. According to the utilization review, the worker received 18 sessions of physical therapy. Consequently, absent clinical documentation with the total number of physical therapy sessions to date, physical therapy progress notes demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks to the right knee is not medically necessary.