

<b>Case Number:</b>	CM15-0064900		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female who sustained an industrial injury on 4/27/10 from a mechanical fall. She currently complains of back pain that radiates up to her head, neck, shoulder, arm, elbow, hand, fingers, lower back, hip, leg, knee, ankle, foot and toes. Medications are Norco, Prilosec, and Neurontin. Diagnoses include status post right knee arthroscopy with partial medial and lateral meniscectomies (9/11/14); chronic low back pain; chronic right shoulder pain and impingement; status post left knee arthroscopy; Plica syndrome, right knee status post excision of plica (9/11/14); Grade III chondromalacia patella and medial femoral condyle; multiple myofascial tender points; loose body, right knee, status post removal. Treatments to date include acupuncture, physical therapy, chiropractic treatments. Diagnostics include MRI of the right knee (4/21/14) with abnormalities and MRI of the right shoulder (4/21/14) with abnormalities. In the progress note dated 11/3/14, the treating provider's plan of care includes a request for extension of right knee physical therapy for 8 visits because she still lacks full motion. Progress note dated 1/27/15, notes that physical therapy extension was authorized for six sessions per note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x3 for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.