

<b>Case Number:</b>	CM15-0069272		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 67-year-old female patient who sustained an industrial injury on 03/03/2000. A follow up visit dated 12/19/2014 reported the patient being worked up for a new condition of left knee pain. She reports about two months prior, she experienced spasms; her knee buckled resulting in a fall landing on her knee and hand. Since this time she's been having persistent pain with spasms that have increased. She did undergo nerve ablation on the left knee which offered temporary relief that has worn off. She also has undergone radiographic study. The plan of care involved diagnosing with medial meniscus versus lateral meniscus tear along with chondromalacia and would benefit from undergoing magnetic resonance imaging. She is to continue working and will obtain medications from another provider. A recent primary treating office visit dated 03/11/2015 reported the patient did have a MRI performed, and she is diagnosed with synovitis with a mild degree of chondromalacia of the medial compartment. The plan of care involved: getting the patient participating in a weight reduction program, continue with physical therapy, and follow up appointment in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 18 treatments (left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it does not appear that the patient has undergone physical therapy for this problem previously. Guidelines recommend an initial trial of 6 visits with further therapy recommended based upon documentation of objective functional improvement and ongoing objective treatment goals. The current request exceeds the 6-visit trial recommended by guidelines and there is no provision to modify the current request. As such, the current request for physical therapy is not medically necessary.