

<b>Case Number:</b>	CM13-0018391		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/09/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old female who reported an injury on 06/09/2006. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be physical therapy, H-wave stimulation, and medications. The injured worker's diagnoses included left knee internal derangement, chronic ankle/foot pain and chronic low back pain. The most recent clinical evaluation provided with this review was on 08/29/2013. It was noted that the injured worker was having outpatient physical therapy. She had returned the continuous passive motion machine and reported that she still had pain. In addition to the knee pain, she indicated low back and foot pain as well as left leg and low back spasms. She stated the pain was minimized with use of pain medications. The objective findings only noted that the injured worker looked well developed, well nourished, pleasant and with no acute distress. The neurological examination stated the patient was cheerful and despondent. The treatment plan was for medications and outpatient physical therapy for postop rehab. The provider's rationale for the request was provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY POST OP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The request for physical therapy postop is not medically necessary. The California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks with a post surgical physical medicine period of 4 months for an old bucket handle tear; derangement of meniscus; loose body in the knee; chondromalacia of patella; tibialis tendonitis. It is not noted when the injured worker's knee surgery took place. It is also not noted how many postsurgical therapy sessions the injured worker has completed. In addition to the lack of documentation, the request fails to indicate the area of the body for the physical therapy and fails to indicate the number of visits over number of weeks for therapy. Therefore, the request for physical therapy postop is not medically necessary.